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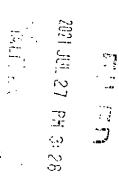
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## **COVER LETTER**

TO:

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SUBJECT:		Name of Lim				
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	n all correspo	ndence concerning this matter	to the following:			
		Susan Martinez				
			Name of Person		-	
		RELIANCE CONSULTIN	G SERVICES LLC			
			Firm/Company		-	
		13611 South Dixie Hwy #-	<b>4</b> 16			
			Address		- 	32
		Miami FL 33176				121 JI
City/State and Zip Code						2021 JUL 27
		E-mail address: (	to be used for future annual report not	tication)		-ti
For further	information c	oncerning this matter, please co	all:			ငှာ
Susan Martinez			786 886-9291 at ( )		٠.	28
	Name o	f Person		ne Telephone Number	<u> </u>	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclose		
Re	ailing Addres egistration S	Section	Street Address: Registration Sc			
	vision of C O. Box 632	orporations	Division of Co The Centre of			
	o, box 652 Illahassee, I			rananassee oe Street, Suite 8	310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIANCE CONSULTING SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/25/2010}{1}$ and assigned Florida document number L10000067728 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 15600 SW 76 Ave Enter new principal offices address, if applicable: Miami FL 33157 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Susan Martinez Sandoval	15600 SW 76 Ave,Miami FL 33157	□Add
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Filing Fee: \$25.00