

08/20/2012 16:10 FAX 94174248

BLALOCK WALTERS

001/003

Division of Corporations

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L12000120615

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H12000231768 3)))



H120002317683ABC/

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To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : BLALOCK, WALTERS, HELD & JOHNSON, P.A.  
Account Number : 076666003611  
Phone : (941)748-0100  
Fax Number : (941)745-2093

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lmccool@blalockwalters.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RELIABLE SALES & COATINGS, LLC

Certificate of Status	0
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J. BRYAN

SEP 21 2012

EXAMINER

RECEIVED

12 SEP 20 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 SEP 20 AM 9:41

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Fax Audit # ((H12000231768 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**RELIABLE SALES & COATINGS, 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 SEPTEMBER 20, 2012 and assigned Florida document number L12000120615

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**RELIABLE SOLUTIONS AND COATINGS, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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: N/A

New Registered Office Address:

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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 608, 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.*

If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated SEPTEMBER 20 2012

Signature of a member or authorized representative of a member

MICHAEL D. MAGIDSON

Typed or printed name of signer

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