L14000161843

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: WOODS FORM





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S Warren SEP 23 2016



September 14, 2016

SIEWPERSAD RHAMBEROSE 4447 OLD WINTER GARDEN RD ORLANDO, FL 32811

SUBJECT: RELIABLE MOTORS LLC

Ref. Number: L14000161843

We have received your document for RELIABLE MOTORS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 616A00019679

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: **Registration Section Division of Corporations**

And the second s 2816 SE? 22 Fli 2:41

RELIABLE MOTORS LLC

SUBJECT:

	Name of Lim	ited Liability Company	Who to the contract of the con			
	of Amendment and fee(s) are sub	<u>-</u>	Staver			
	SIEWPERSAD RAMBH/	AROSE				
		Name of Person				
	RELIABLE MOTORS					
	W 27 27 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Firm/Company				
4447 OLD WINTER GARDEN RD						
	ORLANDO, FL 32811					
		City/State and Zip Code	······································			
	RELIABLEMOTORS14@					
	E-mail address: (to be used for future annual report notif	ication)			
For further informatio	n concerning this matter, please c	all:				
RANDY		407 4216537 at ()				
Nam	ne of Person	Area Code Daytimo	e Telephone Number			
Enclosed is a check for	or the 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 Fec. Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIABLE MOTORS LLC		
(Name of the Lim	ited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
the Articles of Organization for this Limited I lorida document number L14000161843		and assigned
his amendment is submitted to amend the fol		
a. If amending name, enter the new name of	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designatio	
Inter new principal offices address, if appli	cable:	- 1-2 Carlo
Principal office address MUST BE A STRE	ET ADDRESS)	
		23 3
	 -	
nter new mailing address, if applicable:		2 S S S
Mailing address MAY BE A POST OFFICE	: BOX)	STATE 49
. If amending the registered agent and egistered agent and/or the new registered of		ecords, enter the name of the
Name of New Registered Agent:	SIEWPERSAD RAMBHAROSE	
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 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.

If Changing Registered Agent, Signature of New Registered Agent

. 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	CHERLOUTE BRUTUS	4156 VERSAILLES DR	
		ORLANDO, FL 32808	Remove

MGR	SIEWPERSAD RAMBHAROSE	626 GREY'S FERRY RD	Add
		ORLANDO, FL 32811	☐ Remove
			■ Change
			Add
			□ Remove
			Change
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Effective date, if other than the of the other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not r	meet the appl	icable statutory	g or more than 9 v filing require	(optio 0 days after ments, this	e nal) filing.) Pi date wi	ursuant to II not be	605.0207 (listed as t
the record specifies a delayed) The 90th day after the reco			ot an effect	ive time, at	: 12:01 a	.m. on	the e	arlier of:
Dated September 20th		2016			•	1808 2084 2084	28 C	77
	1	T 78				EM EM	년 ~	processor.
	/ X.	12				,,,,,,	1	**
	Signature of a	member or au	horized represer	ntative of a men	ber	- 	-3 ->	_

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Filing Fee: \$25.00