## L15000084924

()	Requestor's Name)	
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
(	Business Entity Name)	
(	Document Number)	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE

SECRETARY OF STATE DIVISION OF CORPORATION

JUN 0 5 2015

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## **COVER LETTER**

TO: Registration Se Division of Cor		,	•	
* RELIANC	E 21. LLC		•	
SUBJECT:		nited Liability Company	<del>"                                    </del>	
	Name of Em	incompany		
	Amendment and fee(s) are sub	_		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian J. Mylett			
		Name of Person		
	RELIANCE 21, LLC			
		Firm/Company		
	742 US HWY 1, STE 210	)		
		Address		
	NORTH PALM BEACH,	FL 33408		
		City/State and Zip Code		
	bethany@capitalcorporatio	ns.com to be used for future annual report notif	GAlan X	
For further information co	oncerning this matter, please c	·	ncation)	
Brian J. Mylett		561 707-2710		
Name o	f Person	Area Code Daytime	e Telephone Number	- <del></del>
Englosed is a check for the	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 Certificate of Certified Co (additional con	of Status &
MAII.I	ING ADDRESS:	STREET/COURI	FR ADDRESS.	SECRETAR DIVISION OF DIVISION OF SECRETAR

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

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

DIVISION OF CORPORATIONS

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELIANCE 21, LLC	
(Name of the Limited Liabil	lity Company as it now appears on our records.) da Limited Liability Company)
(A Fibric	aa Elilined Elability Company)
The Articles of Organization for this Limited Liability	Company were filed on 05/13/2015 and assigned
Florida document number L15000084924	
	<del></del> ·
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the lim	nited liability company here:
,	
	·
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BEA STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the new
registered agent and/or the new registered office add	dress here:
Name of New Registered Agent:	AH S NET
THE STATE OF THE S	SSE L CREE
New Registered Office Address:	
	Enter Florida street address
	, Florida 2 AAI
	City De Zip Code

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	CAPITAL 21, LLC	742 US Highway 1, Ste 210	Add
		North Palm Beach, FL 33408	■ Remove
			Change
MGR	Brian J. Mylett	742 US Highway 1, Ste 210	Add
		North Palm Beach, FL 33408	□ Remove
			☐ Change
<del></del>			Add
			Remove
			Change
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			□ Remove
			☐ Change
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Filing Fee: \$25.00

Typed or printed name of signee