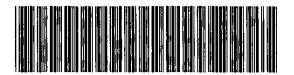
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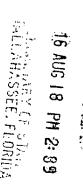
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Reliable Preservation Services LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lawrence Burns Name of Person Reliable Preservation Services LLL Firm/Company
Reliable Preservation Services LLL Firm/Company
10471 NW Basyett Loop Address
Clarks ville FL. 32430 City/State and Zip Code
Reliable Presservice & Gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lawrence Burns at (850) 408 - 0065 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$\$ 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 PRESERVATION 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 _	FB. 12	. 2016	and	d assig	ned
Florida document number <u>L 16000030895</u> .	•					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil	ity company	here:				
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the	e designation	"LLC" or the a	bbreviatio	n "L.L.(c."
Enter new principal offices address, if applicable:						_
(Principal office address MUST BE A STREET ADDRESS)	 					
	<u></u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	*****		-			
				<u> </u>		
					5	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address :	on our re	cords, <u>ente</u>	the na	<u>me3ol</u> — ∞	the new
				` <u></u>	₽¥	
Name of New Registered Agent:			*************************************	<u> </u>	- 15 -	* Brack
New Registered Office Address:	Enter F	Florida street a	address	<u> 5:</u>	ယ္	

	City		_, Florida _	Zip C	 Code	
New Desistered Asset's Cignature if shanging Desistered Asset	-					

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 = M $AMBR = A$	anager uthorized Memb er		
<u>Title</u>	<u>Name</u>	Address	Type of Action
ANBR	Clifford E. Shiver	5349 NW Bonnell rd. Altha FL. 32421	🗗 Add
		Altha FL. 32421	Remove
			Change
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	or or	යා ආ	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more	(optional) re than 90 days after filing) Purs	suppt to 605	02
te: If the date inserted in this block does not meet the applicable statutory filing it	requirements, this date will	not be liste	ed a
cument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective tin	me at 12:01 a.m. on t	he earlic	er
The 90th day after the record is filed.	, 01 12,01 0 0		-
	•		
red <u>Aubust, 15</u> . 2016.			
Signature of a member or authorized representative o	f a member		
Lawrence Burns Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00