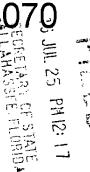
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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	ısiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

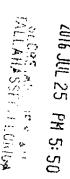
Office Use Only



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07/26/16--01002--029 **25.00



J. HARRIS

COVER LETTER

TO: Registration Sec Division of Corp SUBJECT: Re	tiance hese	arch Group L	LC_
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	A	na Coll	
	Reliance R	Search Groze ;	110.
	4600 1	West Conners	eial Blud
	Tamara	City/State and Zip Code	33319
	E-mail address:	to be used for future annual report noti-	fication)
For further information	concerning this matter, please c	all:	
Ana Ve	Aus of Person		- 8366 e Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional city) 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

The Articles of Organization for this Limited Liability Company were filed on ____ Florida document number 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 "LLC." Enter new principal offices address, if applicable: (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 theirew registered agent and/or the new registered office address here: va Maria Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Zu Cirle

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, Signifure of Sen Registered Agent

Page 1 of 3

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MER	Ana Maria Verto	11967 NW 555+. Coral Spring, FL 3300	_D/od
			Remove
			Change
			C Add
			C Remove
			C Change
			_口 Add
			Remove
			. Change
			D Add
			□ Remove
			Change SECRET
			□ Remove ∧
			PHZ: 17
			D Remove
			□ Chince

amending any other information, enter change(s) here: (Attuch additional sheets, if neces:		
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·		
		
		
		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	will not be listed as th	(),b) e
Dated March 28 2016.	16 J	
a. Wash	JUL 25 OREGAR LAHANS	: }
	255	}
Signature of a member of authorized representative of a member)
Signature of a member of authorized representative of a member And Vertus Typed or printed name of signee	PH 12:	
Ana Vertus	DUL 25 PH R2: 17 REFARY OF STATE AHAMSFE. FLORIDA)