# LIL 0000 57969

(Requestor's Name)	-
(Address)	-
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	<del>-</del>
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	7

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#### **COVER LETTER**

Divis	ion of Corpo	rations	*				
SUBJECT: _	Reliable Truck	king of Orlando LLC					
		Name of Limite	d Liability Company				
The enclosed A	Articles of An	nendment and fee(s) are subm	itted for filing.				
Please return a	II corresponde	ence concerning this matter to	the following:				
		Liza Cabrera					
			Name of Person				
		Reliable Trucking of Orland	o LLC				
Firm/Company							
		9654 Worthington Ridge Rd					
			Address				
		Orlando, FL 32829					
			City/State and Zip Code				
		reliabletrucking2016@gmail.					
			be used for future annual report notifi	(cation)			
For further info	ormation con	cerning this matter, please call	:				
Liza Cabrera			407 491-8147				
	Name of P	erson	at () Area Code Daytime	: Telephone Number			
Enclosed is a	check for the	following amount:					
₩ \$25,00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

**Registration Section** 

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

### TO ARTICLES OF ORGANIZATION OF

Reliable Trucking of Orlando LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
he Articles of Organization for this Limited Liability Colorida document number	ompany were filed on	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limi	ted liability company here:	
he new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		- A
<del>-</del>	Enter Florida street address Flori	1000 July 1000 J
	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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Liza Cabrera	9654 Worthington Ridge Rd	□ Add
		Orlando FL 32829	□ Remove
			Change
AMBR	Barbaro Batista	9654 Worthington Ridge Rd	■ Add
		Orlando, FL 32829	☐ Remove
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			Add
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<del></del>			□ Add
			☐ Remove
		A-14-3	Change
			□ Add
			Remove
			□ Change

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an effec ote: I	re date, if other than the ctive date is listed, the date in f the date inserted in this that's effective date on the I	ust be specific and block does not n	l cannot be prior to neet the applicab	date of filing or a le statutory fili	more than 90 days	optional) after filing.) Pur , this date will	suant to 605 not be list	5.0207 ed as
	ord specifies a delaye 90th day after the re			an effective	time, at 12:0	)1 a.m. on t	the earli	er of
N	May 31		2016					
ated _	<del></del>	La	$\frac{1}{2}$					
		Signature of a 1	memberor authori	zed representativ	e of a member			
	Liza Cabrera	Signature of a 1	member for authori	zed representativ	e of a member			

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Filing Fee: \$25.00