LIL 0000 99565

(Requestor's Name)
(Address)
(Address)
(i.i.i.
(0) 10 1 5
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
,
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Clatus
Special Instructions to Filing Officer:





300289878543

09/08/16--01038--013 **30.00

SECRETARY OF STATE

COVER LETTER

RELIANT GROUP HOLDINGS 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: DAVID FREEDMAN Name of Person	
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: DAVID FREEDMAN Name of Person COFFEY BURLINGTON Firm/Company 2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
Please return all correspondence concerning this matter to the following: DAVID FREEDMAN Name of Person COFFEY BURLINGTON Firm/Company 2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
DAVID FREEDMAN Name of Person COFFEY BURLINGTON Firm/Company 2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
Name of Person COFFEY BURLINGTON Firm/Company 2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
COFFEY BURLINGTON Firm/Company 2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
Firm/Company 2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
2601 S. BAYSHORE DR., PH1 Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	
Address MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	**
MIAMI, FL 33133 City/State and Zip Code dfreedman@coffeyburlington	6 1
City/State and Zip Code dfreedman@coffeyburlington	SEP -
dfreedman@coffeyburlington	ال 🗴
E-mail address: (to be used for future annual report notification)	M D: 40
	· 5
For further information concerning this matter, please call:	
DAVID FREEDMAN 305 858-2900 at ()	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

RELIANT GROUP HOLDINGS LLC						
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)					
The Articles of Organization for this Limited Liability Com Florida document number L16000099565	npany were filed on 05/17/2016	and assigned				
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 t	he abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRES	<u> </u>	·				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		ALLO B				
		SEP F				
		- SSE				
B. If amending the registered agent and/or register registered agent and/or the new registered office address	ed office address on our records, <u>en</u>	ter the name of the nev				
registered agent and/or the new registered office address	s here:	京 三				
Name of New Registered Agent:		1 5 1 6				
New Registered Office Address:						
New Registered Office Address.	Enter Florida street address	•				
	, Florida	1				
•	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	ANOLIK, MARC	6720-B ROCKLEDGE DR.	□ Add
		STE. 700	□ Remove
		BETHESDA, MD 20817	■ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			16 S Add S
			SEP Rembve
			THE CHARGE OF SECOND
		 	<u> </u>
			□ Remove
			Change
			□ Add
			□ Remove
			Change

			· · · · · · · · · · · · · · · · · · ·	
		···		
				= 5% 6
				TEG ST T
				- 1
				
·				F. S. T. 5
				農村 5
ffective date, if other than the dat an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Depar	specific and cannot be pr does not meet the app	ior to date of filing or r licable statutory filir	nore than 90 days after fi	iling.) Pursuant to 605.020
e record specifies a delayed ef The 90th day after the record		not an effective	time, at 12:01 a.	m. on the earlier
ated	2016	·		
	An			
- C:	nature of a member or au			

Page 3 of 3

Filing Fee: \$25.00