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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

Division of Corp	orations		
SUBJECT: Reli	able Rx L Name of Limi	LC	
	Name of Lini	пеа Ещоппу Сопфану	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
Trouse retain an confession.	action controlling time matter	to the lone wing.	
	Yulia Kis	Name of Person	
		n: (a	
		Firm/Company	
	1835 E. H.	allandale Beach	L BNG. # 214
	Hallandale,	FL, 33009 City/State and Zip Code Yahoo. Lom To be used for future annual report notifi	
	h 115 /	City/State and Zip Code	
	E-mail address: (1	be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca		ŕ
Yulia K Name of	islyult	at (847) 20 4 Area Code Daytime	8499
/ Name of	Persofi	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reliable ex
(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 $\frac{8/24/16}{L/6000/59083}$ 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 the abbreviation "L.L.C."
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 the new registered agent and/or the new registered office address here:
See No. 1
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
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>	Name V	Address	Type of Action
VP_	Yulia Nislyuk	1835 E. Hallandale Bear #214	A Add
			Remove
		Itallandale, FL, 33009	Change
<u>P</u>	Leonid Slobodsky	1835 E. Halfandale Beach	Blud.
	·	# 214	Remove
		Hallandales FL,33009	Change
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tive date, if other than the date of filing: (optional)		<u> </u>
iffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date	.) Parsuant	ເຊື້ອ05.0
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ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the	earlie
e 90th day after the record is filed.		
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(ILB)		
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00