L17000021747

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SUBJEC	TF:		nited Liability Company				
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	turn all correspo	ndence concerning this matter	to the following:				
		Hiep Le	•				
	Name of Person						
		Reliable Air LLC					
			Firm/Company				
		1103 N. Haven Cir.					
			Address				
		Lynn Haven, FL 32444					
			City/State and Zip Code				
		hiep.huy.le@gmail.com					
		E-mail address: (to be used for future annual report noti:	fication)			
For furthe	er information co	oncerning this matter, please ca	all:				
Hiep Le			at () 691-8443 Area Code Daytime				
	Name of	Person	Area Code Daytimo	e Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$25.0	0 Filing 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:

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 Air 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 ^{January 27, 2017} and assigned Florida document number L17000021747 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 "LL 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	<u>Address</u>	Type of Action
MGR	Le, Canh M	5106 Old Majette Tower Rd Panama City, FL 32404	Add
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effective date is listed, the date must	late of filing: be specific and cannot be prior to date of ck does not meet the applicable state partment of State's records.	filing or more than 90 days after t	filing.) Pursuant to 605.03
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Filing Fee: \$25.00