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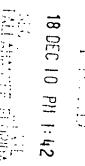
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K. SALY
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November 28, 2018

RELIABLE HANDYMAN PCB LLC CYNTHIA SIMMONS 101 COVINGTON ST PANAMA CITY BEACH, FL 32413

SUBJECT: RELIABLE HANDYMAN PCB LLC

Ref. Number: L17000051503

We have received your document for RELIABLE HANDYMAN PCB LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L05000108993 "RELIABLE SERVICES LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 318A00024304

COVER LETTER

TO:	Registration Solution of Con				
		ervices LLC			
SUBJE	CCT:	Name of Lin	nited Liability Company	<u> </u>	
The end	closed Articles of	Amendment and fee(s) are sub	unitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
		Cynthia Simmons			
		Reliable Services LLC	Name of Person		
		101 Covington Street	Firm/Company		
		Panama City Beach, Fl. 3	Address 2413		
		ReliableServicesLLC1@gn	City/State and Zip Code nail.com		
		E-mail address: (to be used for future annual report noti	fication)	
For furt	her information o	oncerning this matter, please ca	all:		
Cynthia	a Simmons			850-253-5935	
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclose	d is a check for the	he following amount:			
□ \$ 25	.00 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

TO ARTICLES OF ORGANIZATION OF

18 DEC 10 PH 1:42 Reliable Handyman PCB 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 ______ Florida document number _ L17000051503 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Reliable Services USA, LL Reliable Services LSA , LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 101 Covington Street Enter new principal offices address, if applicable: Panama City Beach, Fl. 32413 (Principal office address MUST BE A STREET ADDRESS) PO Box 7212 Enter new mailing address, if applicable: Panama City Beach, Florida 32413 (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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

, Florida

or removed from our records: MGR = Manager AMBR = Authorized Member Title **Address** Name **Type of Action** □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

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	S. A. O. W.
assing data if ather they the date of filings	(optional)
effective date is listed, the date must be specific and cannot	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
te: If the date inserted in this block does not meet the tument's effective date on the Department of State's it	e applicable statutory filing requirements, this date will not be listed records.
·	
record specifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	
1/. /	
ed November 5 . 20	018
Signature of a member	r or authorized representative of a member
	f
<u>Cynthia</u> S	1

Page 3 of 3

Filing Fee: \$25.00