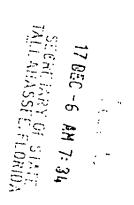


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
gones.





12/08/17--01025--008 **30.00



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	eliable Plur	mBing LLC	
30b3EC1	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	MARK	Kole	
			
	Reliab	Le Plumbing Firm/Company	LLC
	_4506 MG	CINTOSH RO	
	SAR NO 1A	FL 34233	
	MARK, Kol	City/State and Zip Code E 1966 @ G MAi C o be used for future annual report notif	cation)
For further information of	oncerning this matter, please ca	ıll:	
MARK 1	LOCE	at (941) 786 -	2407
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Reliable Plun	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000164448</u> .	were filed on $8/2/2017$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	Enter Florida street address
	Florida 50 City 21p Cycle
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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	RUSSELL R:220	1355 N MANLEYRD	□ Add
		1355 N MANLEYRD ARCADIA FL 34266	Remove
			Change
			🗆 Add
			C Remove
			□ Change
			Add
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			Change
			□ Add
			_□ Remove
			_□ Change

O. If amending any other information, enter change(s) here: (Attach		_
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	<u> </u>	<u>.</u>
	ARE DE	_
	SS 6	_ <u>i</u>
	AM 7: 0: 5:10 E. FLO	- (
	0	_
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 60	
the record specifies a delayed effective date, but not an effective date, but not an effect the record is filed.		lier of:
Dated 11/24/2017		
Marza		
MARK H KOCE Typed or printed name of s	ignee	

Page 3 of 3

Filing Fee: \$25.00