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| (Requestor's Name) |
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| (Business Entity Name) |
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| ro: Registration S Division of Co | | | |
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| Reliable L | and Holdings IV, LLC | | |
| object. | Name of Lim | ited Liability Company | ···· |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Wes Harvin II | | |
| | | Name of Person | |
| | Harvin & Harvin LLP | | |
| | | Firm/Company | |
| | 900 E Ocean Blvd Ste 210 | В | |
| • | | Address | |
| | Stuart FL 34994 | | |
| | | City/State and Zip Code | |
| | wesharvin@gmail.com | | |
| | | to be used for future annual report notif | ication) |
| or further information | concerning this matter, please ca | all: | |
| Wes Harvin II, Esq | | 772 286.3630 | |
| Name | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for | the 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 Land Holdings IV, 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 8.15.2017 Florida document number L17000174524 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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 | Rose Renda, Trustee | 168 SE Osprety Ridge | ≅ Add |
| | | Port St Lucie FL 34984 | |
| | | | C Character |
| MGR | Joe Renda | 933 SW Biltmore | |
| | | Port St Lucie FL 34983 | ■ Remove |
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| scord specifies a delayed effore 90th day after the record i | active date, but not an effective time, at 12:01 a.m. o | n the earlier o |
| April 3 | 2018 | |
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Filing Fee: \$25.00