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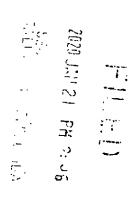
(Requestor's Name)
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(City/State/Zip/Phone #)
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COVER LETTER

O: Registration Se Division of Cor			
	ber LLC	•	
	Name of Lim	ited Liability Company	
Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee \$\Pi\$			
Please return all correspo	ondence concerning this matter	to the following:	
	Flor I Havet		
		Name of Person	
	Reliable Fiber LLC		
		Firm/Company	
	2214 SW JAY AVE		
		Address	
	PORT SAINT LUCIE FL	34953	
	reliablefiberoptics@gmail.c	-	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca	all:	
Flor I Havet		954 681-9651 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Flor I Havet Name of Person			
□ \$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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reliable Fiber LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recor imited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Co.		
lorida document number L17000213943		
forida document number	-•	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(223	
		• • • •
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		202) AL
3. If amending the registered agent and/or registe	red office address on our record	is enter the name of the
egistered agent and/or the new registered office addre		
		• 📆 🕠
N. CN. D. C. LA		F 3 5
Name of New Registered Agent:		
New Registered Office Address:		· , v
	Enter Florida street addre	res.
	t	larida
	City , F	lorida

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
CEO	FLOR I HAVET 70%	2214 SW JAY AVE	
		PORT SAINT LUCIE FL 34953	
		TORT SAINT EOCILTE 34733	□ Remove
			☐ Change
AMBR	ELENA ROTHMAN 30%	2214 SW JAY AVE	3
		PORT SAINT LUCIE FL 34953	
			□ Remove
			☐ Change
			□ Remove
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			Remove
			Change

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]	DECEMBE	R 31 2019				
Effective date, if other the self-entire date is listed, the Note: If the date inserted document's effective date	e date must be spe in this block do	of filing: _ ecific and car ses not mee	nnot be prior t the applie	to date of filir able statutor	ig or more that	i 90 days after	' filing.) P ur suan	
ne record specifies a The 90th day after			e, but no	t an effec	tive time,	ət 12:01 a	a.m. on the	earlier of:
DatedDECEMBER 31		. 2	2019					
		· ·	Matter	al a				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00