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## **COVER LETTER**

SUBJECT: Keliable Construction & Lemodeling, LLC Name of Limited Liability Company
·
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Juan Carlos Henao-Aristizabal Name of Person
Name of Person  Reliable Construction & Rooting, 220.  Firm/Company
P.O. Box 176 Address
Sanford, FL 32772 City/State and Zip Code
For further information concerning this matter, please call:
For further information concerning this matter, please call:
Avan Carlos Henao-A. 11(407) 9128154 20
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status & Certificate of Status

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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 Construction (Name of the Limited Liability Compa (A Florida Limited I	T LUM DOLLING UC uny as it now appears on but records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1700217374.	were filed on	717	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  Reliable Construction + Robfing  The new name must be distinguishable and contain the words "Limited Light	110.	or the abbraui	orion "I I C"
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	3304 Palmway Dr Sanforo, Fl. 327	ive 13	mon E.E.C.
Enter new mailing address, if applicable:	9.0.Box 176 Sanford, Fl. 32772		
(Mailing address MAY BE A POST OFFICE BOX)	Santoly, Fl. 32772		3
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		SSA NATI	
Name of New Registered Agent:		1,57 7	J
New Registered Office Address:	Enter Florida street address	70	<u>.</u>
	, Flori		ip Code
	····	Z.i	p cour.

## 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 ma	age, <u>enter the titl</u>	e, name, and address	of each person	being added
or removed from our records:				

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> **Address** 3304 falmway Dr. Sanford, Ft. 32773 Donna K. Edulards AMBR ☐ Remove ☐ Change 3521 Pine Oak Trail Sunford Fl. DAdd AMBR Daniel B. Covelli ☐ Remove ☐ Change □ Add □:Remove Change O Add \_☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove □ Change

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Filing Fee: \$25.00