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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 Service Te	am LLC	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record lited Liability Company)	<u>s,</u>)
The Articles of Organization for this Limited Liability Comp Florida document number 4/7000221946.	oany were filed on <u>10/26/20</u>	47 and assigned
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 I	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	<u>s</u>	APR
		HAS
		6 SER
Enter new mailing address, if applicable:		3
(Mailing address MAY BE A POST OFFICE BOX)		STA SOL
		22 BA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	3
		orida
	City	Zip Code

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</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Agron Zblewski	57 ROOSevel+ BIVD	Add
		Bevery Hills FL 34465	Remove
			Change
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ctive date is liste If the date inser	er than the date of filing: d, the date must be specific and co ted in this block does not me late on the Department of Sta	annot be priet the appl	or to date of filing or icable statutory fi	more than 90 days a	otional) fter filing.) Pursuant to 60 this date will not be lis
	s a delayed effective da er the record is filed.	te, but n	ot an effective	e time, at 12:03	1 a.m. on the earl
04-	-03 == .	2019	<u>5</u> .		
	Signature of a me	ember or aut	thorized representat	ive of a member	

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