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## **COVER LETTER**

TO: Registration Section Division of Corpor			
SUBJECT: Rel	Cable Sell Name of Limit	ited Liability Company	LLC
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	Ze60/	an R IMPtor	<u> </u>
	Reliable	Service team L	_L(
	2420	Sw 170th PL	
	OC91a	FL 34473	
-	Zeb, Im E-mail address: (i	City/State and Zip Code  Pton@ Mail. cov to be used for future annual report notificat	ion)
For further information conce			
Zeb IV4 Name of Per	Pton rson	at (352) C53 C Area Code Daytime To	9 9 5 8 Elephone Number
Enclosed is a check for the fo	ollowing 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 Ser	ty Company as it now appears on our records.)  Limited Liability Company)		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co.		and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company here:		
	7. 11.17. C	the second second	
The new name must be distinguishable and contain the words "Limi	ited Liability Company, the designation "LLC or the at	obreviation "L.1	a.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)	<u> </u>	Sen Jum
			물濟
		19	海海門
Enter new mailing address, if applicable:		70	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<del></del>	<u> </u>
		<b>@</b>	- <u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office addr		the name	of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida	Zip Code	
	Cuy	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, 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
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			Remove
			Change
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		O(a1a FL 34470	Remove
			Change
<del>42 - 2</del>			
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lfan effecti <u>Note:</u> If t	date, if other ve date is listed, the the date inserted 's effective date	he date must be Lin this block	specific and does not r	cannot be p	plicable stat	filing or mor utory filing	than 90 days	ptional) after filing.) Pur this date will	suant to 605 not be list	5.0207 ed as
ne recore The 90	d specifies a Oth day after	delayed ef the record	fective of is filed.	late, but	not an ef	fective tin	ne, at 12:0	1 a.m. on t	:he earli	er ol
Dated	JUIY	5th	<del></del>	. <u>20</u>	18.					
			20	2-/-	20					
		Sigi	iature of a i	member or a	uthorized rep	resentative of	a member		<del></del>	