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## **COVER LETTER**

TO: Registration Division of C	Corporations	<i>y.</i>	
suвјест: <u>2</u>	Name of Lim	AINMENT ART	NERS LIC
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	EA	KLE BORMAN	
		Name of Person	
		Firm/Company	
	23	38 IMMOKALE Address	E RD#433
		City/State and Zip Code  CXX BORMAN CO to be used for future annual report notif	34110
	0	City/State and Zip Code	4 -4 - 6 - 10 4
	E-mail address: (	to be used for future annual report notif	ication)
For further information	n concerning this matter, please ca		
Ric	K BORMAN	at (239) 775 -	-5255
Nam	e of Person	Area Code Daytino	: Telephone Number
Enclosed is a check fo	r 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**

DOMBGE FINIT	RTAINMENT PARTNERS LLC
(Name of the Limited Liability Company (A Florida Limited Lia	
The Articles of Organization for this Limited Liability Company w Florida document number	were filed on $\frac{8/23/18}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  RELIABLE FUSPECT  The new name must be distinguishable and contain the words "Limited Liability	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2338 IMMOKALEE RD SUITE 433 NAPLES FL 34110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2338 IMMOKALEE RD SUITE 433 NAPLES FL 34110
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Finter Florida street address Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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	NOCHANGES	Type of Action
				Add
				Remove
				Change
				□ Remove
				□ Change
				□ Remove
				Change
				Remove
				🗆 Change
				☐ Remove
				Change
				Add
				Remove
			V	Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  NO CHANGES
•	
,	
•	. 1
. Effect	ive date, if other than the date of filing: (optional)
(If an cf Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	ran recumbe e nometo denumb hambeou ore eo dudhede de ce eo e eo e eo de deduc rus I adm nec endu mo chinci si adne
Dated	JANVARY 11 , 2019.
	Signature of a member or authorized representative of a member
	EARLE BORMAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00