L19 0000 81149

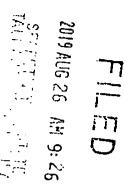
(Requestor's Name)					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
(City/State/Zip/Fitone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
Certified Copies Certificates of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200332899172

196/08,19--01000--005 **#25.00



Y SULKER
SEP 0 5 2019

COVER LETTER

TO:							
emp	IEZT.	Reliable De	ebt Consultants				
300	opeci.	Name of Limited Liability Company					
The	BJECT: Reliable Debt Consultants Reliable Oebt Consultants Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Section of Person The enclosed Section of Person The enclosed Section of Person The enclosed Section of Enclosed Section of Section of Section of Section Section Section of Section Sec						
Pleas	se returr	all correspo	ndence concerning this matter	to the following:			
			Junior Clinton M Walker				
	Division of Corporations Reliable Debt Consultants Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Junior Clinton M Walker Name of Person						
			P.O. Box 26252	sultants Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: Def Clinton M Walker Name of Person Perm/Company Box 26252 Address arac, FL 33320-6252 City/State and Zip Code walker225@gmail.com E-mail address: (to be used for future annual report notification) g this matter, please call: at (Area Code Daytime Telephone Number D.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certificate of Status Certificat Copy (additional copy is enclosed) Certified Copy (certified Copy (certified Copy) (certified Copy (certified Copy) (certified Copy)			
			Tamarac, FL 33320-6252	Address			
			juniorwalker225@gmail.com				
			E-mail address: (onsultants Name of Limited Liability Company diment and fee(s) are submitted for filing. e concerning this matter to the following: Inior Clinton M Walker Name of Person Eliable Debt Consultants Firm/Company O. Box 26252 Address Granarac, FL 33320-6252 City/Ntate and Zip Code Forwalker225@gmail.com E-mail address: (to be used for future annual report notification) at (
For t	further i	nformation co	oncerning this matter, please ca	all:			
Juni	ior Clini	on M. Walk	er				
		Name of	f Person		ie Telephone Number		
Encl	osed is	a check for th	ne following amount:				
	\$25.00	filing Fee	~	Certified Copy	Certificate of Status & Certified Copy		

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 Debt Consultants		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number L19000081149	vere filed on 3/25/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2019
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		306
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		12
	Enter Florida street address	
	, Florida	
	Cùy	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>	<u>Address</u>	Type of Action
MGR	Junior Clinton M Walker	6007 Red Plum Ct, Tamarac, FL 33321	Add
AMBR	Rafaela Walker	6007 Red Plum Ct, Tamarac, FL 33321	Change
			☐ Remove
			☐ Change
			□ Remove
			Change
			□ Remove
			☐ Change
			
			□ Remove
			☐ Change
			Add
			Remove
			Change

. If amending any other infor	·			
				
				<u></u>
_				
				
-				
				- 14
	·		· · · · · · · · · · · · · · · · · · ·	
	the date of filing: must be specific and cannot be prior is block does not meet the applic te Department of State's records	cable statutory filing req		
he record specifies a dela The 90th day after the	yed effective date, but no record is filed.	ot an effective time	, at 12:01 a.m. on the	e earlier of:
Dated August 19	2019	·		
	Signature of a member or auth	orized representative of a r	nember	
Junior Clinton M V				
		ed name of signee		

Page 3 of 3

Filing Fee: \$25.00