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(Re	questor's Name)	_	
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PM 1:26

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COVER LETTER

SUBJECT:	Name of Lim	rted Lubility Company	
The enclosed Articles of	Amendment and fee(s) are sub	mated for filing	
Please return all correspond	ondence concerning this matter	to the following:	
	BRANDON PARRISH		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm Company	
	1682 EASTERN RD		
		Address	
	DAYTONA BEACH FL 3	2119	
	BPARRISH42@GMAIL.C	City/State and Zip Code OM	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please ca	all:	
DENISE MORRILI.		386 222-9668	
Name	of Person		ne Telephone Number
Enclosed is a check for t	he 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

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2001 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

RELIABLE INVESTMENT GROUP OF CENTRAL FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	1/25/2010	
The Articles of Organization for this Limited Liab	oility Company were filed on 372372017	and assign
Florida document number <u>L19000081467</u>		
This amendment is submitted to amend the follow	ភពខ្លះ	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designate	on "LLC" or the abbreviation "L.L.C
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	10
		JUZ TÖN
		0F C
Enter new mailing address, if applicable:		19 JUN 25 PM 1: 26
(Mailing address MAY BE A POST OFFICE Bo	<u> </u>	
		26
B. If amending the registered agent and/or registered agent and/or the new registered officered officered.		records, enter the name of
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
AMBR	BRENTON GAVIDIA	1682 EASTERN RD	Add
		DAYTONA BEACH FL 32119	B Au
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ective date, if other t	han the date of filln	σ:		(optional)	
n effective date is listed, the	date must be specific and	d cannot be prior to d	late of filing or more (han 90 days after filing.	.) Pursuant to 6
ote: If the date inserted:			estatutory filing re	quirements, this date	will not be li
cument's effective date	on the Department of 3	state's records.			
record specifies a	delayed effective of	date, but not a	n effective time	e, at 12:01 a.m.	on the ear
he 90th day after				•	
JUNE 16		2019			
led		· ·	•		
,7		,			
De	undon Ta	nist	ed representative of a		
	Signature of a	member or authorize	ed representative of a	rmember	
BRANDON PA	ARRISH				
		Typed or printed n	ame of Curree		

Page 3 of 3

Filing Fee: \$25.00