K19000086668

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SECRETARY OF STATE
TALL ASIASSEE EA

A. BUTLER MAR 2 - 2022

COVER LETTER

	Registration So Division of Cor			
SUBJEC		ETAX LLC		
SOBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		YANJUN ZHU		
			Name of Person	
			Firm/Company	
		2901 W CYPRESS CREE	K RD 102A	
			Address	
		FORT LAUDERDALE FI	. 33309	
			City/State and Zip Code	
		RELIABLETAX001@HOT		
		E-mail address: (to be used for future annual report notification)	
For further	er information c	oncerning this matter, please co	all:	
YANJUN	! ZHU		754 252-0411	
	Name o	f Person	Area Code Daytime Telepho	one Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 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 Addres		Street Address: Devistration Section	
	Registration S Division of C		Registration Section Division of Corporatio	ns
	P.O. Box 632	•	The Centre of Tallahas	
7	Fallahassee, I	FL 32314	2415 N. Monroe Street	. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RELIABLE TAX LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 03/28/2019 TALLASIA SEE, FL and a Florida document number ______19000086668 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: G&Z RELIABLE INVESTMENT LLC The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Fiorida sireet address

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.

City

__. Florida ___

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
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
			□Remove
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	Briefly, I just want to request company name changed, nothing else.
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iffect	ive date, if other than the date of filing:
	ective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	ent's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is fi	led.
Dated	
	Pan Jun 2lin
	Signature of a member or authorized representative of a member
	AMBR