

L19000180596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

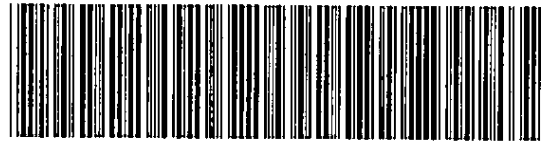
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2022 SEP 13 PM 4:33  
DIVISION OF CORPORATION

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** RELIABILITY INVESTMENTS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MELLISSA MARRIE SCHACHTER

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

6013 WESLEY GROVE BLVD STE 206

\_\_\_\_\_  
Address

WESLEY CHAPEL, FL 33544

\_\_\_\_\_  
City/State and Zip Code

mm@reliabilityinvestments.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

MELLISSA MARRIE SCHACHTER

\_\_\_\_\_  
Name of Person

at ( 727 )

\_\_\_\_\_  
Area Code

6145150

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RELIABILITY INVESTMENTS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/26/2022 and assigned  
Florida document number L19000180596.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

6013 WESLEY GROVE BLVD STE 206

WESLEY CHAPEL, FL 33544

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6013 WESLEY GROVE BLVD STE 206

WESLEY CHAPEL, FL 33544

**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:

MELLISSA MARRIE SCHACHTER

New Registered Office Address:

6013 WESLEY GROVE BLVD STE 206

*Enter Florida street address*

WESLEY CHAPEL

*City*

, Florida 33544

*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 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>	<u>Type of Action</u>
CEO	MELLISSA MARRIE SCHACHTER		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		6013 WESLEY GROVE BLVD STE 206 WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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RECEIVED  
COMMUNICATIONS SECTION  
CITY OF TAMPA

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SECTION OF CONGRESSIONAL RECORDS



**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 26th of Aug 2022

Signature of Agent

Typed or printed name of signee