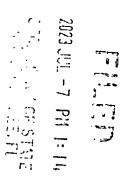
## L19000180596

Office Use Only



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Y. SCOTT AUG 1 3 2023

## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor		ı <sup>,</sup>	
a		ITY INVESTMENTS LLC		
SUBJE	CT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Mellissa Marrie Schachter		
			Name of Person	
		Consultant Synergies, LLC	2	
		<del> </del>	Firm/Company	
		28453 Sonny Dr		2023 S.F.F.
			Address	
		WESLEY CHAPEL, FL 3	3544	2023 JUL -7
			City/State and Zip Code	PH (
		mmarrie88@gmail.com		
		E-mail address: (	to be used for future annual report noti-	fication)
For fur	ther information c	oncerning this matter, please c	all:	
Mellis	sa Marrrie Schach	ter	727 6145150 at ( )	
	Name o	f Person		e Telephone Number
Enclos	ed is a check for the	ne following amount:		
■ \$2	5.00 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 Addres		Street Address:	ction
	Registration S  Division of C		Registration Sec Division of Cor	
	P.O. Box 632	2.7	The Centre of T	allahassee
	Tallahassee,	FL 32314	2415 N. Monro	e 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)

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
Consultant Synergies, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," of	he designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	<u>, , , , , , , , , , , , , , , , , , , </u>	
(Principal office address MUST BE A STREET ADDRESS)		023
		1
Enter new mailing address, if applicable:		<del>-</del> 777
	_do	
(Mailing address MAY BE A POST OFFICE BOX)		
<del></del>	r.	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name	of the new regi
Name of New Registered Agent:		
New Registered Office Address:  Enter	Florida street 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.

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	Туре	e of Action
				Add
				Remove
				Change
				Add
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			2923 JUL	Change
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				Change
				Add
				Remove
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	<del></del>			Add
				Remove
				Change

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tive date if other than the date of filing:	(optional)
tive date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or it.  If the date inserted in this block does not meet the applicable statutory filing.	more than 90 days after filing.) Pursuant to 605.0
ment's effective date on the Department of State's records.	ing requirements, this take will not be instead
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. filed.	on the earlier of: (b) The 90th day after
July 5th 2023	
	ve of a member

Filing Fee: \$25.00