

219 000305 453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

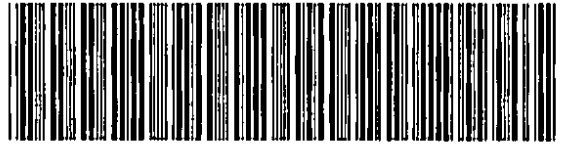
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/15/21--01033--011 **25.00

21 DEC 15 PM 3:21

T. MATTHEWS

DEC - 1 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RELIABLE AI 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:

AVI NAIDER

Name of Person

RELIABLE AI LLC

Firm/Company

3397 HOLLYWOOD OAKS DRIVE

Address

FORT LAUDERDALE, FLORIDA 33312

City/State and Zip Code

donimkrause@gmail.com

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

For further information concerning this matter, please call:

DONI KRAUSE

201 6816111
at ()

Name of Person

Area Code

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Street Address:

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

21 NOV 15 PM 3:21

(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:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

(Mailing address MAY BE A POST OFFICE BOX)

Zip Code

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

21 JUN 15 PM 3:21

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DARREN JACOBY	3397 HOLLYWOOD OAKS DRIVE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33312	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DONI KRAUSE	3397 HOLLYWOOD OAKS DRIVE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FLORIDA 33312	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

21 NOV 15 PM 3:21

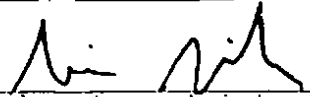
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

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.

If the record 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 record is filed.

Dated NOVEMBER 7, 2021


Signature of a member or authorized representative of a member

AVI NAIDER

Typed or printed name of signee