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TO:

Tallahassee, FL 32314

| SUBJEC | CT: | RELIABLE FU Name of Limi | TURE LLC ited Liability Company | |
|--|-------------------------------|--|---|--|
| SUBJECT: RELIABLE FUTURE 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: DARSHANKUMAR PATEL Name of Person RELIABLE FUTURE LL Firm/Company PO BOX SI43 Address DEERFTELD BEACH FL, -33442 City/State and Zip Code PATEL DARSHAN CELL W LAMPTL COM E-mail address: for be used for further formular report notification) For further information concerning this matter, please call: PATEL DARSHAN at Code Daytime Telephone Number Einclosed is a check for the following amount: VS \$25.00 Filing Fee Status Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | | | | |
| Please re | turn all corresp | ondence concerning this matter (| to the following: | |
| | | DARSHAN | | |
| | | RELIABLE FUTURE LLC Name of Limited Liability Company Cles of Amendment and fee(s) are submitted for filing. DARSHANKUMAR PATEL Name of Person RELIABLE FUTURE LLC Firm/Company PO BOX SIA3 Address DEFAFTELD BEACH FL, -33442 City/State and Zip Code PATELDARSHAN. CLLC (A) LAMPIL. COM E-mail address: (to be used for further annual report notification) ation concerning this matter, please call: DARSHAN Name of Person Area Code Daytime Telephone Number k for the following amount: Fee S30.400 Filing Fee & Certified Copy (additional copy is enclosed) Address: tion Section Registration Section Division of Corporations Street Address: Registration Section Division of Corporations | | |
| | | PO BOX S | 143 Address | |
| | | DEERFIE | LD BEACH FL, City/State and Zip Code | -33442 |
| | | PATELDARSHA E-mail address: (10 | N. CELL (U) (LMP) to be used for future annual report notif | ication) |
| For furth | er information of | concerning this matter, please ca | 11: | |
| PATE | | RSHAN of Person | at (6+6 - 683 Area Code Daytime | 3-9623 Telephone Number |
| Enclosed | is a check for t | he following amount: | | |
| √⊿ S25.(| 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
|] | Registration (| Section | Registration Sec | |
| | Division of C P.O. Box 632 | - | - | |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RELIABLE FI | ITURE LLC | | |
|--|---|---------------------------------|--------------------|
| (Name of the Limited Liability (A Florida I | Company as it now appears of Limited Liability Company) | on our records.) | |
| The Articles of Organization for this Limited Liability Co. Florida document number <u>12000676</u> | · · | 12 2020 | _ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | ed liability company here | : : | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the desi | gnation "LLC" or the abbrev | |
| Enter new principal offices address, if applicable: | | | 2020 |
| (Principal office address MUST BE A STREET ADDRE | <u></u> | | A . |
| | | | <u> </u> |
| | | | PH : |
| Enter new mailing address, if applicable: | | | ب بب |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 04 |
| | | | |
| D. Married and the state of the | | | |
| B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | office address on our reco | ords, <u>enter the name o</u> l | the new registered |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | <u> </u> | |
| | Enter Florida | street address | _ |
| | | , Florida | |
| | City | 7 | 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> | Type of Action |
|--------------|-----------------|------------------------|------------------|
| <u>CE0</u> | PATEL DARSHANKU | MAR 1291 SUGAR PWM DR, | □Add ✓ |
| ORAMB | R | BOLA RATON 33486 | |
| | MAILING | | □Remove |
| | ADDRES. | DEERFIELD BEACH, FL, | □Change 33442 |
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| cffcc | re date, if other than the date of filing: (optional) arive 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 605.020 |
| | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records. |
| | |
| | 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 |
| s file | d. |
| | 5/8/2020 |
| ted_ | |
| | antel |
| | |
| | Signature of a member or authorized representative of a member |

True - Tare Car On