

L20 000 112216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

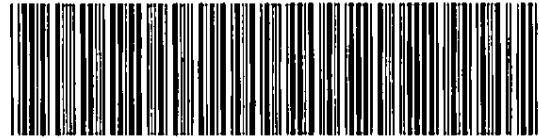
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Reliance Land Clearing and Mulching Services
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:

Michael E Jones
Name of Person

Reliance Land Clearing and Mulching Services
Firm/Company

20 NW 24th Ave
Address

Ocala Florida 34475
City/State and Zip Code

reliance.jones@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael E Jones at (352) 812-9167
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 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**

Reliance Land Clearing and Mulching Service, 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 4/24/2020 and assigned Florida document number LA0000112216.

This amendment is submitted to amend the following:

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

Same Name

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)

80 NW 24th Ave

Ocala FL 34475

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

80 NW 24th Ave

Ocala FL 34475

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:

Michael E Jones

New Registered Office Address:

80 NW 24th Ave

Enter Florida street address

Ocala

City

Florida

34475

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.

NOT CHANGING

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Teresa Gaines</u>	<u>10705 SW 38th Ave</u>	<input type="checkbox"/> Add
		<u>OCALA, FL 34476</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Michael E Bones</u>	<u>20 NW 24th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>OCALA Florida, 34475</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Michael E Bones</u>	<u>20 NW 24th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>OCALA, Florida 34475</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u> <u>AP</u>	<u>Teresa Gaines</u>	<u>10705 SW 38th Ave</u>	<input type="checkbox"/> Add
		<u>OCALA FL 34476</u>	<input checked="" type="checkbox"/> Remove
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