L20000 251760

(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Name)
(Doc	cument Number)	
Certified Copies	Certificates o	f Status
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	Reliable Renovation:	ons & Restorations, LLC	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jimmy Rivera		
		Name of Contact Person	n
	Reliable Renovations & Rest	orations, LLC	
		Firm/ Company	
	2103 Whitewood Ct		
		Address	
	Orlando, Florida 32837		
		City/ State and Zip Cod	e
	718RiveraJay@gmail.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatic	on concerning this matter, pleas	se call:	
Jimmy Rivera		407 at (300-0912
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address		Address
	endment Section ision of Corporations		ment Section
	Box 6327		n of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 13, 2020

JIMMY RIVERA 2103 WHITEWOOD CT ORLANDO, FL 32837

SUBJECT: RELIABLE RENOVATIONS & RESTORATIONS, LLC

Ref. Number: L20000251760

We have received your document for RELIABLE RENOVATIONS & RESTORATIONS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

RELIABLE RENOVATION SOLUTIONS LLC - L18000251067

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia S Young Regulatory Specialist II

Letter Number: 520A00022731

COVER LETTER

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TO: Amendment Section Division of Corporations

. . .

NAME OF CORPO		ons & Restorations, LLC	
DOCUMENT NUM	BER:		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Jimmy Rivera		
	·	Name of Contact Person	1
	Reliable Renovations & Rest	orations, LLC	
		Firm/ Company	.
	2103 Whitewood Ct	, .	
		Address	
	Orlando, Florida 32837		
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Code	e
	718RiveraJay@gmail.com		
	E-mail address: (to be us	ed for future annual report	notification)
	on concerning this matter, pleas	se call:	
Jimmy Rivera		407 at (300-0912
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	iling Address endment Section	***************************************	Address Iment Section
	rision of Corporations		on of Corporations
). Box 6327		entre of Tallahassee
Tal	lahassee, FL 32314		N. Monroe Street, Suite 810 assee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reliable Renovations & Restorations, LLC.

The Articles of Organization for this Limited Liability Con	npany were filed on	and assigned
Florida document number <u>L20000251740</u>)	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Reliable Renovations The new name must be distinguishable and contain the words "Limited"	and Solutions LL distribution "LLi	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2103 White	wood ct
(Principal office address MUST BE A STREET ADDRE		3 2 8 3 7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	35
		lorida
	City	Zıp 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.

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Effective date, if other fan effective date is listed, Note: If the date inserte locument's effective da	the date must be specific and in this block does no	and cannot be prior to timeet the applica	o date of filing or more		ing.) Pursuant to 605.0207
record specifies a delay d is filed.	yed effective date, but n	iot an effective tin	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated Novemb	01/30	. 2020	·		