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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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TO: Registration Se Division of Cor				
SUBJECT: <u>Rescab</u> j	e 044000 Report Name of Lim	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Tyler Koenig			
		Name of Person		
		Firm/Company		
	2271 Stauffer	Rd Address		
	Green come Spor	ng S / Fl 32043 City/State and Zip Code		
	Reliable outdoor Se E-mail address: (Cruces zo D gmento be used for future annual rep	ourt notification)	
For further information of	oncerning this matter, please co	all:		
Tyler Koenig	of Person	at (<u>964</u>) <u>826</u> Area Code	<i>5-6705</i> Daytime Telepho	ne Number
Enclosed is a check for t	he following amount:			
□ \$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclose		\$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

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

RELIABLE OUTDOOR SERVICES LIC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 8-24-2020 and as

The Articles of Organization for this Limited Liability Company	were filed on $\frac{8 \cdot 24 \cdot 2020}{}$ and assigned
Florida document number <u>L10000161044</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	oility company here:
The new name must be distinguishable and contain the words "Limited Liabi	hity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 Even S = 2	7: 1/2 Type of Action
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		32043	□Change
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