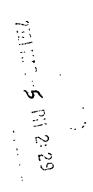
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(expressed Lips note in)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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03/05/21--01024--007 **60.00



4/27/2120

COVER LETTER

10: Registration Sec Division of Corp				
SUBJECT: RELI	ABLEZ Co.	URIER SCAVIC	es LLC	
The enclosed Articles of A	mendment and fee(s) are su	bmitted for filing.		
Please return all correspon	dence concerning this matte	r to the following:		
	KARL	WILLIAMS Name of Person		
	RELIABLE	Firm Company	R COURIER	SCRUICES LLC
	8449 VA	MLTING DR	NE	
	LAKE L	ORTH FL City State and Zip Code	33467	
	KARLW6	6 @ GMAIL. to be used for future annual report no	Com Ulication)	
For further information con		•		
KARL WI	LLIAMS	at (<u>732</u>) <u>82</u> ° Area Code Dayin	7-7967	-
		,	•	
Enclosed is a check for the t	ollowing amount:			
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	S60.00 Filing F Certificate of S	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Se

radditional copy is enclosed)

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

Certified Copy radditional copy is exclused)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 0F

RELIABLE 2 Course Services 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 $\frac{1/28/21}{2}$ and assigned Florida document number $\frac{221000051983}{2}$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: RELIABLE 2 NOTARY & COURIER SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY RE A POST OFFICE BOX)
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: New Registered Office Address:
New Registered Office Address:
Enter Florida street ackiress
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.

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	Type of Action
MGR	KARL WILLIAMS	8449 VAULTING DRIG	· ·
		LAKE WORTH, FL334	87 ⊡Remove
			□Change
			□Add
			Remove
			©Change
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an effective date ote: If the date	if other than the is listed, the date me inserted in this televice date on the I	ust be specific ar block does not	nd cannot be prior meet the applic	able statutory film	(optionore than 90 days after ng requirements, this	filing.) Pursuant to 605. date will not be liste	.0207 ed as
record specifies	a delayed effecti	ive date, but no	ot an effective ti	me, at 12:01 a.m.	on the earlier of: (b	The 90th day after	the
ated MA	ICH 15	7	. 2021	<u> </u>	e of a member		
	,	Konl	(1)00 cm	ins.			
		Signature of a	member or autho	orized representative	e of a member		
					e of a member		

Filing Fee: \$25.00