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	REHANCI	FINDUSTRIAL MAINTENA	NCE LLC .	•
SUBJE	ECT:	Name of Lin		
		Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		DAVID SANDOVAL		
			Name of Person	
		RELIANCE INDUSTRIA	L MAINTENANCE LLC	
			Firm/Company	
		376 NW 34TH TERR		
			Address	
		OKEECHOBEE,FL 34972		
		relianceindustrialmaintenan	City/State and Zip Code ce@gmail.com	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please c	all:	
DAVID	SANDOVAL		863 447 6343	
	Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$ 23	5.00 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	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 INDUSTRIAL MAINTENANCE 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 $\frac{03/15/2021}{}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 BE 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: Enter Florida street address

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

_. Florida ___

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	LUIS M RESTREPO	1598 ROYAL FOREST CT ,WEST PALM BEACH , FL 33406	
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an effective date is lote: If the date	listed, the date must	be specific and c ck does not me	cannot be prior to eet the applicat	date of filing or mole statutory filin	ore than 90 days aft g requirements. th	tional) er filing.) Pursuant to- nis date will not be	605.0207 (listed as ti
record specifies I is filed.	a delayed effective	date, but not a	n effective tim	e, at 12:01 a.m.	on the earlier of: ((b) The 90th day a	fter the
07/18/2023				<u>.</u> ·			
ated							
	DAUT) SAN	DOUNC				
	DAUTL	ignature of a mo	DOUPC	zed representative	of a member		