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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: M&F Reliable Services, LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:		
Towanda Jackson Name of Person		
Tas Reality and Investments LLC Firm/Company		
4851 NW 18th Ct Address		
Lauderhill, Florida 33313 City/State and Zip Code TowandaJackson@TJrealityinvestments.Com E-mail address: (to be used for future annual report notification)	202	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	0022 SEP 16 PH 2:	er er t
Cotherine Brunson at (850) 508-5740 Name of Person Area Code Daytime Telephone Number	PH 2:5	t . w has by
Enclosed is a check for the following amount:	⊕ 8	
☐ \$25.00 Filing Fee		

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

MAF Reliable Services, LLC

(<u>Name of the Limited I</u> (A	Li <mark>ability Compar</mark> Florida Limited L	iy as it now appear: iability Company)	s on our rec	ords.)			
The Articles of Organization for this Limited Liabi Florida document number <u>L2100025170</u>		were filed on	06/01/	12021	and assi	gned	
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the T4 J Reality and The new name must be distinguishable and contain the word	,	•		LLC" or the abbi	reviation "L.1	L.C."	-
Enter new principal offices address, if applicabl	e:	4901 N Lauderi					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				TLLAHASSEE,	2 SEP 6 PM 2	
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office a	ddress on our ro	ecords, <u>en</u>	ter the name	of the new	ப N r registe	red
Name of New Registered Agent: New Registered Office Address:	<u>Boom</u> 1733 N	Investm Monroe	oen ts St.	Suite	#3		- -
	Tallaho	issee Cro			2303 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.

Cathelin Brunson
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:

AMBR = A	tanager .uthorized Member		
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	Sign	iature of a n	nember of	alithorized	representat	ive of a me	mber			_	
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Filing Fee: \$25.00