## L2/000333797

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |
|   |  |  |  |  |





000402085300

02/27/23--01028--028 \*\*43.75

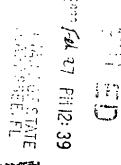


图 4 7 图

R. HUNT 02/17/23

## **COVER LETTER**

| TO: Registration Section Division of Corporations                 |  |   |
|---|--|---|
| SUBJECT: Reliance Recent Name of Limit                            | ecch Group<br>ited Liability Company                               |   |
| The enclosed Articles of Amendment and fee(s) are sub-            | mitted for filing.   |   |
| Please return all correspondence concerning this matter           | to the following:  |   |
| Sophia  | Peters<br>Name of Person   |   |
| Reliance R  | esech G  | oup   |
| <u>8999 Lan</u>   | caster Street  | <del>}</del>  |
| Tameral,  | FI 3332<br>City/State and Zip Code                                 | 1   |
| Email address: (  | 7 C mail. C  | t notification)   |
| For further information concerning this matter, please c          | all:   |   |
| Sophia Peters Name of Person                                      |  | aytime Telephone Number   |
| Enclosed is a check for the following amount:                     |  |   |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Mailing Address:</u><br>Registration Section                   | Street Addre<br>Registratio  |   |

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

| Name of the Limited Liability Compar<br>(A Florida Limited L  | ay as it now appears on our records.)                              |
|---|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000</u> 333 797.  | l end with   |
| A. If amending name, enter the new name of the limited liabi  |  |
| The new name must be distinguishable and contain the words "Limited Liabili<br>Enter new principal offices address, if applicable:<br>(Principal office address MUST BE A STREET ADDRESS) | Tamoras, Fl 33321  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  | P.O. Box 25947<br>Tamarac, F1 33320-594.                           |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:   | ddress on our records, <u>enter the name of the new registerec</u> |
| Name of New Registered Agent:  New Registered Office Address:   | MA  Enter Florida street address  NA  Florida                      |
| <del></del>   | City Zip Chde  |

## 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 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:

| MGR = Manager AMBR = Authorized Member |             |           |                |  |
|--|-------------|-----------|----------------|--|
| <u>Title</u>                           | <u>Name</u> | Address A | Type of Action |  |
|  |             |           |                |  |
|  |             |           | Remove         |  |
|  |             |           | □ Change       |  |
|  |             |           | DAdd           |  |
|  |             |           | □Remove        |  |
|  |             |           | □Change        |  |
|  |             |           | □Add           |  |
|  |             |           | Remove         |  |
|  |             |           | Change         |  |
|  |             |           | □Add           |  |
|  |             |           | □Remove        |  |
|  |             |           | Change         |  |
|  |             |           |                |  |
|  |             | □Remove   |                |  |
|  |             |           | Change         |  |
|  |             |           |                |  |
|  |             |           | Remove         |  |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: \_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. if a member or authorized representative of a member