

121000337647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

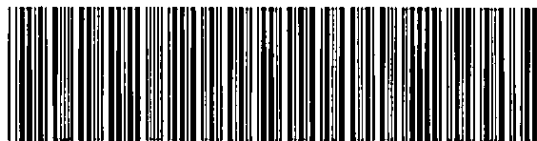
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/07/21--01042--003 **30.00

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2021 OCT -4 PM 1:57

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2021

SANDRA HIGHTOWER
5422 GATE LAKE RD.
TAMARAC, FL 33319

SUBJECT: SANDRA HEALING HANDS MASSAGE THERAPY,INSURANCE
AND MULTI SERVICES LLC
Ref. Number: L21000337647

We have received your document for SANDRA HEALING HANDS MASSAGE THERAPY,INSURANCE AND MULTI SERVICES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 821A00022521

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sandra Healing Hands Massage Therapy Insurance and Multi Services LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra R. HighTower
Name of Person
Reliable Insurance and Multi Services LLC
Firm/Company
5422 Gate Lake Rd.
Address
Tamara c 91 33319
City/State and Zip Code
(*) hightowersandra912@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra R. HighTower at (904) 394-0119
Name of Person Area Code Daytime 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) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

check was already submitted
Ref letter number 221A00022521

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**

Sandra Healing hands Massage Therapy Insurance and Multi 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 6/26/2001 and assigned
Florida document number L21000337647

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Reliable Insurance and Multi Services LLC.
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5422 Gate Rd
Tamarac FL 33319

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:

Sandra R. Hightower

New Registered Office Address:

5422 Gate Rd

Enter Florida street address

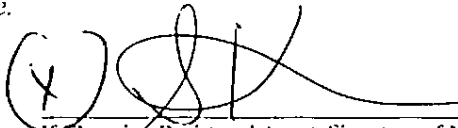
Tamarac, Florida 33319

City

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.


(X) [Signature]
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|-------------------|---|
| MGR | Sandra R. Hightower | 5422 Gate Lake Rd | <input checked="" type="checkbox"/> Add |
| | | Tamarac FL 33319 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Sandra R. Hightower | 5422 Gate Lake Rd | <input checked="" type="checkbox"/> Add |
| | | Tamarac FL 33319 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(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)

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.

9/27/2021

Signature

Signature of a member or authorized representative of a member

Sandra R. Hightower

Typed or printed name of signee

Filing Fee: \$25.00