L21000392663

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		•	,			
	AD Services, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	TIERRA W					
		Name of Person				
	ZENBUSINESS INC					
		Firm/Company				
	5511 PARKCREST DRIV	Œ		5[20.	
		Address		<u> </u>)3 SE	÷.
	AUSTIN TX, 78731		֓֞֞֞֞֞֞֓֞֓֓֓֞֓֞֓֓֓֓֞֓֓֞֓֓֞֓֓֞֓֓֡֞֞֓֓֞֞֞֞֡֓֡֞֡֞֡֞֡֞֡֞֞֡֞		2023 SEP -8	
City/State and Zip Code FULFILLMENT@ZENBUSINESS.COM					PM 2:	
		to be used for future annual report notif	ication)		2: 19	
For further information c	oncerning this matter, please c	ан:		, .		
TIERRA W		844 493-6249 at ()				
Name o	f Person		Telephone Number			
Enclosed is a check for the	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.09 Fil Certificate Certified (additional c	e of Sta Copy	itus &	
Mailing Addres		Street Address:	at an			
Registration S Division of C		Registration Sec Division of Corp				
P.O. Box 632	•	The Centre of T				
Tallahassee, 1	FL 32314	2415 N. Monroe	Street, Suite 81	(0)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Reliable CAD 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{09/02/2021}{}\$ and assigned Florida document number L21000392663 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 appreximation "LLC" 18711 Hewlett Rd. Enter new principal offices address, if applicable: Orlando, FL 32820 (Principal office address MUST BE A STREET ADDRESS) 18711 Hewlett Rd. Enter new mailing address, if applicable: Orlando, FL 32820 (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 _, Florida City

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
AMBR	Joel Heaukulani	18711 Hewlett Rd Orlando, FL 32820	□Add
			□Remove
			■ Change
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		ALL AHA	SECRETION PP □ Remove
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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the L	e date of filing: ist be specific and cannot be prior to block does not meet the applical Department of State's records.	date of filing or more the ole statutory filing req	(optional) an 90 days after filing.) uirements, this date v	Pursuant to 605,02 vill not be listed
cord specifies a delayed effecti s filed.	ve date, but not an effective tim	ie, at 12:01 a.m. on the	e earlier of: (b) The	90th day after th
ed August 31	2023	_•		
/S/ Joel Heaukula	ni Signature of a member or author			