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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

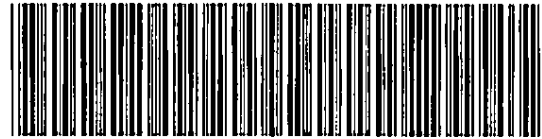
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789,623,672

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[Signature]



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22 NOV 18 PM 12:49
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reliance Roofing & Home Renovations 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:

Maria Rodriguez
Name of Person

Firm/Company

1212 E. Knollwood St
Address

Tampa, FL 33604
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Maria Rodriguez at (813) 357-4819
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|--|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2022

MARIA RODRIGUEZ
1212 E KNOLLWOOD ST
TAMPA, FL 33604

SUBJECT: RELIANCE ROOFING & HOME RENOVATIONS LLC
Ref. Number: L22000006932

22 NOV 18 PM 12:49

Division of Corporations

We have received your document for RELIANCE ROOFING & HOME RENOVATIONS 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Michael A Hall
OPS Clerk

Letter Number: 022A00022984

REC-
22 NOV 18 PM 12:50

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Reliance Roofing & Home Renovations 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 12/29/2021 and assigned Florida document number L22000000932.

This amendment is submitted to amend the following:

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

Reliance Home Restorations 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)

1212 E. Knollwood St.	22 NOV 18 PM 12:49	CONFIRMATION OF COMPLETION
Tampa, FL 33604		
1212 E. Knollwood St.		
Tampa, FL 33604		

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

Florida

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.

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

22 NOV 18 PM 12:49
OFFICE OF THE SECRETARY
STATE OF CALIFORNIA

DIVISION OF CORRECTIONS
22 NOV 18 PM 12:49

22 NOV 18 PM 12:49

(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.


Signature of a member or authorized representative of a member

Maria Rodriguez
Typed or printed name of signer