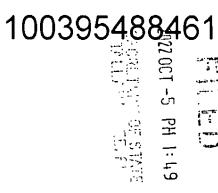
12000152090

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

Office Use Only





10/05/22--01003--010 **185.00

A. BUTLER OCT - 5 2022

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Reliable Logistics Company LLC
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:
Jeffrey D. Jyles Name of Person
Reliable Logistics Company LLC
2005 Treefork Lane
City/State and Zip Code Celiable og Co & gmail. com E-mail address do be used for future annual report notification)
For further information concerning this matter, please call:
Jeffrey Jules at (786) 843 9847 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
2 \$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Cortified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite \$10Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED

	_	2027 OCT -5	PM 1:49
(2	A Fiorida Limited	iny as it now appears on our records. Liability Company)	OF STATE 372. Fland assigned
The Articles of Organization for this Limited Lia		were filed on $3/21/2$	312 and assigned
Florida document number $\angle 22200152$	090		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liah	oility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	2005 Tree for	k Lane
Principal office address MUST BE A STREET ADDRESS)		Suite # 113	
		Long wood, FL	32750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		478 E Altac	nonte Dr #10828
		Altamonic spri	ngs, FL 31/01
B. If amending the registered agent and/or re agent and/or the new registered office address		address on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	2005	Treefork Lane Enter Florida street address City City	Suite# 113
	Longin	City Flor	rida <u>J2750</u> Zip Code
New Registered Agent's Signature, if <u>changing R</u>	egistered Agent	<u>:</u>	

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 Title Name 478 E Altamonte DR #108283 Altamonte Spring, FL 3270/ Word MGR Jeffrey D Jules _____ □Remove 478 E Altamonte DA #108283 Altamonte Spring, FL 32701 DAdd AMBR Larry A Wilkie □Remove 478 E Altamonte DA #108283/ Altamonte Spring, EL 32701 Ende AMBA Conrad A Duncan □Remove ____ _ □Remove

						 -	· · ·			
									·	
		·								
									•	
										
										 -
				 -			<u>.</u>			
									·- -	
							- <u>-</u>			
						-				
	**						. <u>-</u>			
					_					
n effective d o <u>te</u> : If the o	ate is listed, the date inserted it	ran the date (date must be spe a this block do on the Departm	eific and car es not mee	nnot be prio: t the applic	r to date of cable statu	filing or more story filing r	than 90 day	(optiona es after filir ts. this da	g.) Pursuant	to 605.0207 be listed as
ecord speci is filed.	fies a delayed	effective date.	but not an	effective t	time, at 12):01 a.m. on	the earlier	of: (b)	Γhe 90th da	y after the
ted 16	2/5	Jef	· -	2022	<u> </u>					
		() M. (lile							
		~// /// \								
_		Signal	ure of a mei	mber or auti	horized rep	resentative o	i a member			

Filing Fee: \$25.00