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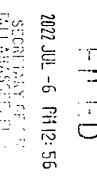
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

ΓΟ: Registration So Division of Co			
Reliable Er	ngineering Group LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Cabanillas, Edwin J.		
		Name of Person	
	Reliable Engineering Grou	p LLC	
		Firm/Company	
	19239SW 29th CT		
	Miramar, FL 33029	Address	
	Edwin.cabanillas@outlook.c	City/State and Zip Code	
	E-mail address: (to be used for future annual	report notification)
	concerning this matter, please ca		
Cabanillas, Edwin J.		1 95- at ()	1.993.3616
Name (of Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$2 \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &
<u>Mailing Addre</u>		Street Ac	
Registration		-	ation Section
Division of C			n of Corporations ntre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FITED

2022 JUL -6 PH 12: 53

SECRETARY OF THE STREET

RELIABLE ENGINEERING GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liabi	ity Company were filed on June 13, 2022 and assigned
Florida document number 1.22000267805	,
This amendment is submitted to amend the followi	ng:
A. If amending name, enter the new name of the	limited liability company here:
N/A	
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	: N/A
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
B. If amending the registered agent and/or regis agent and/or the new registered office address h	tered office address on our records, <u>enter the name of the new registered</u> ere:
Name of New Registered Agent:	/A
New Registered Office Address:	
	Enter Florida street address
-	, Florida City Zip Code
New Registered Agent's Signature, if changing Regi	stered 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>	<u>Address</u>	Type of Action
MGR	Edwin, Cabanillas J.		
		10020001 00 1 CTC MC	
		19239SW 29th CT, Miramar FL 33029	∑ Remove
			X . telliove
			□Change
MGR	Cabanillas, Edwin J.	19239SW 29th CT, Miramar FL 33029	
	-		% Add
			□Remove
			Change
AMBR	Cabanillas, Lina	19239SW 29th CT, Miramar FL 33029	5 24 Add
			Add
			□Remove
		*, **** ***** *******************	□ Change
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			□Remove
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