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AUG 31 2012

EXAMINER



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DECKETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT:	SAFEGE	L GROUP, LLC	
0020			ted Liability Company	•
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		MANOEL KORT-KAMP		
			Name of Person	•
SA		SA	FEGEL GROUP, LLC	
			Firm/Company	
		6160NW 74th AVE		
Address ·				
	MIAMI, FL 33166			
		•	City/State and Zip Code	
		MANOEL	KORTKAMP@YAHOO.C to be used for future annual report no	OM tification)
For fu	rther information	concerning this matter, please of		
	MANC	DEL KORT-KAMP	at (305)	300-2471
	Name	of Person	Area Code & Dayt	ime Telephone Number
Enclos	sed is a check for	the following amount:		
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	Sed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE	GEL GROUP, LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	rs on our records.	,		
The Articles of Organization for this Limited Liability	Company were filed on	05/25/2006	and assigned		
Florida document numberL0600053855	·				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the line	mited liability company ber	-p.			
The new name must be distinguishable and end with the w 'L.L.C."	ords "Limited Liability Compa	any," the designation "I	LLC" or the abbreviatio		
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADL	DRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			Z AUG 30 PM		
B. If amending the registered agent and/or reg	istered office address on e	our records, enter	D. STATE CORID		
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:	F,	nter Florida street add			
•					
· · · · · ·	City	, Florida	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address Type of Action** <u>Name</u> MGR SIDNEY POSSEBON 6160NW 747th AVE ☐ Add ✓ Remove MIAMI, FL 33166 ☐ Add Remove ☐ Add Remove Add Remove Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 27 2012 Signature of a member or authorized representative of a member MANOEL KORT-KAMP

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00