

L08000019392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

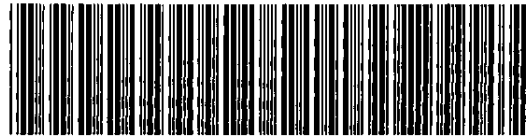
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700212030657

09/19/11--01008--008 **25.00

FILED
11 SEP 19 PM 1:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

J. BRYAN
SEP 20 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SAFE REAL ESTATE, LIMITED LIABILITY COMPANY
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:

ALLAN KOLTUN CPA
Name of Person
ALLAN KOLTUN CPA PA
Firm/Company
1717 N BAYSHORE DRIVE #116
Address
MIAMI FL 33132
City/State and Zip Code
AKOLTUN @ BELLSOUTH.NET
E-mail address: (to be used for future annual report notification)

FILED
11 SEP 19 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ALLAN KOLTUN CPA at (305) 374-0041
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SAFE REAL ESTATE, LIMITED LIABILITY COMPANY

(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 02/22/2008 and assigned Florida document number L08000019392.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 1717 N BAYSHORE DRIVE #116
(Principal office address MUST BE A STREET ADDRESS) MIAMI FL 33132

Enter new mailing address, if applicable: 1717 N BAYSHORE DRIVE #116
(Mailing address MAY BE A POST OFFICE BOX) MIAMI FL 33132

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:

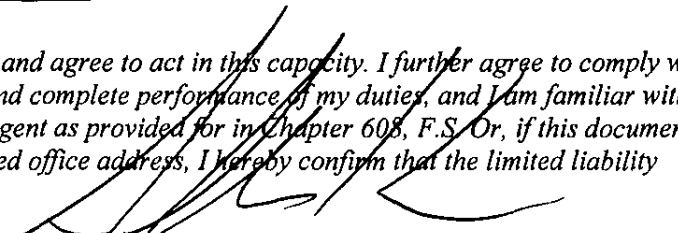
Name of New Registered Agent: ALLAN KOLTUN CPA PA

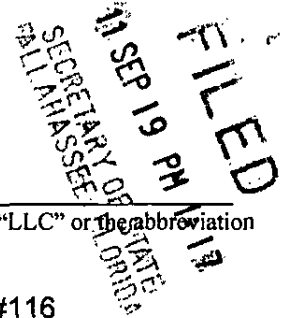
New Registered Office Address: 1717 N BAYSHORE DRIVE #116
Enter Florida street address

MIAMI, Florida 33132
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 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 Changing Registered Agent, Signature of New Registered Agent



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NICOLA FENELLI	3081 SW 156TH AVENUE MIAMI FL 33185	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSE ENRIQUEZ	3081 SW 156TH AVENUE MIAMI FL 33185	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 11 SEP 19 PM 1:17
 SECRETARY OF STATE
 HALL ANSSEE, FLORIDA

Dated

9/17/11

Ben Hessche

Signature of a member or authorized representative of a member

Benjamin Hessche

Typed or printed name of signee