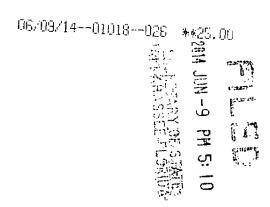
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Office Use Only



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QUNIT 2016 J. BRUCE

COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT:

WORK SAFE USA 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:

ANGELICA L BELTRAN

Name of Person

BELTRAN ACCOUNTING SERVICES

Firm/Company

6303 BLUE LAGOON DR SUITE 400

Address

MIAMI FL 33126

City/State and Zip Code

abeltran@beltranaccounting.com

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

For further information concerning this matter, please call:

ANGELICA L BELTRAN

305, 456-1999

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

WORK SAFE USA LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000077372</u> .	were filed on 05/29/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limited Liab	sility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2047 NW 24th Avenue		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33142		
Enter new mailing address, if applicable:	2047 NW 24th Avenue		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33142		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the new	
New Registered Office Address:	Enter Florida street address		
·	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am j provided for in Chapter 605, F.S. Or,	familiar with and if this document is	

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	GONZALEZ, MAURO M	1360 SEABAY ROAD	
		WESTON, FL 33326	= Remove
MGRM	IRIBAS, GISELA	1360 SEABAY ROAD	□ Add
		WESTON, FL 33326	Remove
			□ Remove
			Add
	•		Control Cont
			Fig. 4. The second of the sec
			□ Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	<u> </u>
-	
(The effective	date, if other than the date of filing:
ال _{Dated}	une 5 2014
<u></u>	
	Signature of a member or authorized representative of a member
	ACOSTA CABRERA, RICHARD A
	Typed or printed name of signee

ZIIH JUN-9 PH 5: 10