

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

Name of Person

at **(305) 456-1999**

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

2014 JUN -9 PM 5: 10
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

WORK SAFE USA LLC

(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 05/29/2013 and assigned Florida document number L13000077372.

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: 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 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: _____

New Registered Office Address: _____
Enter Florida street address

_____, **Florida** _____
City Zip Code

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 STATE OF FLORIDA
 SECRETARY OF STATE

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 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GONZALEZ, MAURO M	1360 SEABAY ROAD	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" type="checkbox"/> Remove
MGRM	IRIBAS, GISELA	1360 SEABAY ROAD	<input type="checkbox"/> Add
		WESTON, FL 33326	<input checked="" 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

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 TAMPA
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 DEPT OF TREASURY
 SEC OF STATE
 DEPT OF COMMERCE
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 DEPT OF LABOR
 DEPT OF ENERGY
 DEPT OF AGRICULTURE
 DEPT OF HEALTH & HUMAN SERVICES
 DEPT OF EDUCATION
 DEPT OF TRANSPORTATION
 DEPT OF ENVIRONMENT & NATURAL RESOURCES
 DEPT OF INTERIOR
 DEPT OF DEFENSE
 DEPT OF NAVY
 DEPT OF AIR FORCE
 DEPT OF MARINE CORPS
 DEPT OF SPACE & AERONAUTICS
 DEPT OF ARMY
 DEPT OF AIR FORCE
 DEPT OF NAVY
 DEPT OF MARINE CORPS
 DEPT OF SPACE & AERONAUTICS
 DEPT OF ARMY

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 5, 2014

Signature of a member or authorized representative of a member

ACOSTA CABRERA, RICHARD A

Typed or printed name of signee

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