

L23000419155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

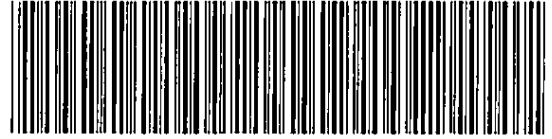
(Document Number)

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FILED
24 JAN 30 AM 08:50
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1428 North 59th Street, 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:

Loretta Ebanks
Name of Person

Firm/Company

3062 Riverside Drive, F-7
Address

Coral Springs, FL 33065
City/State and Zip Code

investnowlse@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Loretta Ebanks at (954) 559-6919
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1428 North 59th Street, LLC.

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

FILED
24 JAN 30 AM 10:51
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/12/2023 and assigned Florida document number L23000469755.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

A Safe Place Home, LLC.

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:

(Principal office address MUST BE A STREET ADDRESS)

8170 SW 6th Street

North Lauderdale, FL

33068

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3062 Riverside Dr

F-7

Coral Springs, FL 33065

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:

Loretta Ebanks

New Registered Office Address:

3062 Riverside Drive, F-7

Enter Florida street address

Coral Springs

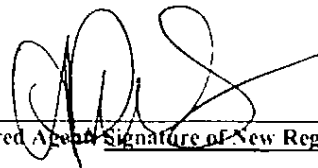
City

, Florida 33065

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 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 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>	<u>Type of Action</u>
Mr.	Dwight Genus	1428 North 599th Street	<input type="checkbox"/> Add
		Philadelphia, PA 19151	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mr	Hugh Sinclair	1428 North 5th Street	<input type="checkbox"/> Add
		Philadelphia, PA 19151	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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