

L12000124591

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2014 SEP 22 PM 12 06
FALLS CHURCH, VA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

MyFlare Safety Services, 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:

Barry E. Haimo

Name of Person

Firm/Company

8201 Peters Road, Suite 1000

Address

Plantation, Florida 33324

City/State and Zip Code

barry@myflare911.com

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

For further information concerning this matter, please call:

Barry E. Haimo

Name of Person

954 228-3369

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

2014 SEP 22 PM 12 06

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

MyFlare Safety Services, 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 10/01/12 and assigned
Florida document number 21000124591.

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:

8201 Peters Road, Suite 1000

(Principal office address MUST BE A STREET ADDRESS)

Plantation, Florida 33324

Enter new mailing address, if applicable:

8201 Peters Road, Suite 1000

(Mailing address MAY BE A POST OFFICE BOX)

Plantation, Florida 33324

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:

8201 Peters Road, Suite 1000

Enter Florida street address

Plantation

City

, Florida 33324

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 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>
AMBR	Barry E. Haino	8201 Peters Road, Suite 1000	<input checked="" type="checkbox"/> Add
		Plantation, FL 33324	<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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

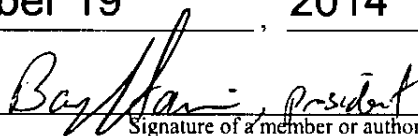
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SEP 22 2016
CLARK COUNTY FLORIDA
CLERK OF COURT

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 September 19, 2014



Signature of a member or authorized representative of a member

Barry E. Haimo, President/Manager

Typed or printed name of signee

FILED
2014 SEP 22 PM 12 06
TALLAHASSEE, FLORIDA

FILED