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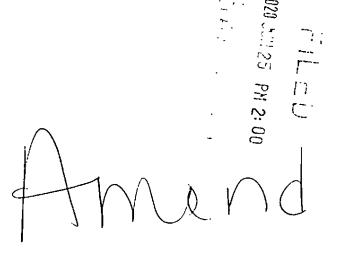
(Requestor's Name)				
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(city) citation approximation and				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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AUG ? # 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SAFE INNOVAT	FION, INC	
DOCUMENT NUI	MBER:P16000068621	-	·
The enclosed Articl	es of Amendment and fee are su	bmitted for filing.	
Please return all cor	respondence concerning this ma	tter to the following:	
	RIGOBERTO GONZALEZ	PEREZ	
	.	Name of Contact Person	1
	SAFE INNOVATION		
		Firm/ Company	
	1101 BRICKELL AVE , SO	• •	•
		Address	·
	MIAMI, FL 33131	, iddi c.i.,	
		City/ State and Zip Code	<u> </u>
	safeinnovationdb@gmail.cor	,	
	-	sed for future annual report	
For further informat	ion concerning this matter, plea	se call:at (4575436
Nam	e of Contact Person		de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
A D P.	mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

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SAFE INNOVATION, INC.				
(Name	of Corporation as curren	tly filed with the Florida Dept. of	[State)	
P16000068621				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adop	ts the following amendm	ient(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The net	
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cathertered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation name		
B. Enter new principal office address,	if applicable:	1101 Brickell Ave		
(Principal office address <u>MUST BE A S</u>		South Tower, 8th Floor	2	
		Miami, FL 33131	820	<i>.</i>
		· · · · · · · · · · · · · · · · · · ·	3.00	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		1101 Brickell Ave	· 5	1 11
		South Tower, 8th Floor	Pit	
		Miami, FL 33131	2: 01	
D. If we are discretely assessed a great and	- d/	duani Elunida	\ <u></u>	
D. If amending the registered agent at new registered agent and/or the ne			<u>or the</u>	
Name of New Registered Agent	N/A			
	-	-		
	(Florida :	street address)		
New Registered Office Address:	N/A	r.	lorida	
New Registered Office Address.	-		(Zip Code)	
New Registered Agent's Signature, if o			dialor or other or	
I hereby accept the appointment as regis	ierea ugeni i am jamaia.	r wun una ассері ine obagaiions ој	the position,	
	Signature of New	Registered Agent, if changing		
Check if applicable				
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11) (e), F.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	<u>s</u>	Faure Collazo Hidalgo	1101 Brickell Ave
X Add			South Tower, 8th Floor
Remove			33131
2) Change			<u> </u>
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artical (Attach additional sheets, if necessary).	(Be specific)
/A	
-	
-	
-	<u></u>
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	and the amendment toom.
/A	
· · · · · · · · · · · · · · · · · · ·	·····
	· · · · · · · · · · · · · · · · · · ·

•	06/16/2020	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
·	6/2020	
	(no more than 90 days after amendme	nt file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were addaction was not required.	opted by the incorporators, or board of directors with	nout shareholder action and shareholder
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast officient for approval.	t for the amendment(s)
	proved by the shareholders through voting groups. The each voting group entitled to vote separately on the	
"The number of votes cast	for the amendment(s) was/were sufficient for appro	val
by		
	(voting group)	
06/16/2020 Dated		
Signature		
(By a d	irector, president or other-officer – if directors or off d, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary)	
	Rigoberto Gonzalez Perez	
	(Typed or printed name of person signing	is)
	President	
	(Title of person signing)	