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COVER LETTER

TO:	Registration Se Division of Cor			
CIID IE/	Safe Harbor	ur Consulting LLC		
SUBJEC	~1:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ro	eturn all correspo	ondence concerning this matter	to the following:	
		Jennifer R. Christiansen		
			Name of Person	iddress e and Zip Code or future annual report notification) 561 827-1507 Area Code Daytime Telephone Number 500 Filing Fee & Geouge Filing Fee, Certificate of Status &
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: Jennifer R. Christiansen Name of Person Safe Harbour Consulting LLC Firm/Company 11420 US Hwy One Suite 147 Address North Palm Beach, FL 33408 City/State and Zip Code cpajen@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: maifer R. Christiansen 561 827-1507			
			Firm/Company	
		Name of Limited Liability Company icles of Amendment and fec(s) are submitted for filing. correspondence concerning this matter to the following: Jennifer R. Christiansen Name of Person Safe Harbour Consulting LLC Firm/Company 11420 US Hwy One Suite 147 Address North Palm Beach, FL 33408 City/State and Zip Code epajen@gmail.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: tiansen Name of Person at (
			Address	
		North Palm Beach, FL 33-	408	
		cpajen@gmail.com	City/State and Zip Code	·
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
Jennifer	R. Christiansen			
	Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

Safe Harbour Consulting LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 27, 2003	and assigned
Florida document number L0300003153		
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 contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		<u> </u>
Enter new mailing address, if applicable:		101 No 7
Mailing address MAY BE A POST OFFICE BOX)		
Maning duaress MAT DE ATOST OTTTCE BOX	•	54 5
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	···
	, Florida	
	City	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>	Address		Type of Action
AMBR	Peter D. Golding	825 Center St Unit 21D, Jupiter, FL 33458		
				_□ Add
		 		_■ Remove
				_□ Change
			-	_□ Add
				_□ Remove
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				□ Change

in any capacity should Jennifer l	R. Christiansen, principal	and sole owner of Sa	ife Harbour Consu	lting		
become incapacited. Peter Gold	ling is no longer the subse	quet owner of Safe I	farbour Consulting	LLC		_
in the event of Jennifer R. Chris	tiansen's death. Peter D. C	olding no longer has	any rights or			_
priveleges including check signi	ing for Safe Harbour Cons	ulting LLC	, ,	,- <u>-</u>		_
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fective date, if other than the da	ite of filing:		(option	nal)		
in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	k does not meet the applica					
record specifies a delayed e The 90th day after the record		t an effective tin	ne, at 12:01 a.	m. on t	he ea	rlier (
ited	2019					
	gnature of a member or autho	_				

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Typed or printed name of signee

Filing Fee: \$25.00