L03000044834

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Orty/Otato/Elp/1 Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400251002524

08/30/13--01010--023 **60.00

2013 SEP 19 AH 9: 59

B. BOSTICK
SEP 20 2013
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: Sou	hwist Safet	ded Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
		H Engelhard	·		
·	•	Name of Person Safety Firm/Company			
		Firm/Company			
	1195 Re	OSE Garden 1	Pæ		
	Cape	Cocal FC City/State and Zip Code	33914		
	esha. E-mail address: (t	Cocal FC City/State and Zip Code Safety a gmai o be used for future annual report notion	/. com	2013 SEP 19	p t
For further information co	ncerning this matter, please ca		,,	TASS	1-
Joe H	Engelhaud	at (<u>239)</u> <u>443</u> Area Code & Daytir	5867	AH 9: 5	!
Name of	Person V	Area Code & Daytir	ne Telephone Number	9: 59 08102	-
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	\$60.00 Filin Certificate	g Fee, of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

South west (Name of the Limited) (A	Safety	LLC		-			
(<u>Name of the Limited </u> (A	Liability Company Florida Limited Lia	y <mark>as it now ap</mark> ability Compai	pears on ou ny)	<u>r records.</u>)			
The Articles of Organization for this Limited Lia Florida document number		were filed on	11 / 1	71200	<u>) }</u> and	d assign	ied
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liabil	lity company	here:				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Co	ompany," the	designation '	`LLC" or	the abb	reviation
Enter new principal offices address, if applica	ıble:						
(Principal office address MUST BE A STREET	T ADDRESS)					20	
		<u>.</u>			<u> </u>	<u>ξ</u>	4- 1
Enter new mailing address, if applicable:					ASSEE	P 19	
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)						
					£1.	9	, , ,
					- T	59	
B. If amending the registered agent and/or registered agent and/or the new registered of			on our rec	ords, <u>enter</u>	the nar	ne of t	the new
Name of New Registered Agent:	CLARIS	SA E	NGEL	HARL)		
New Registered Office Address:	1195	ROSE	GARIX	EN R	<u>//</u>	<u></u>	
			Enter Floi	riaa sireei ac	iaress	\ _ ·	
	CAPE	COPAL City		_, Florida _	<u> კ</u>	3914	<u> </u>
		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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action 1195 ROSE GARDEN PD X Add / Correct First name MGR DOERG HANS CAPE CORAL FL 33914 Remove Remove Remove Remove

	Plane to the second and
	Please un register / delete as Agent
	OLINDER JOAN
	736 Chippena Trail
	Ft. Myers FL 33931
Dated	9/12/13
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 SEP 19 AM 9: 59



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2013

JOE H. ENGELHARD SOUTHWEST SAFETY LLC 1195 ROSE GARDEN ROAD CAPE CORAL, FL 33914

SUBJECT: SOUTH WEST SAFETY, L.L.C.

Ref. Number: L03000044834

We have received your document for SOUTH WEST SAFETY, L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 913A00020779

Barbara Bostick Regulatory Specialist II ECKEL AR OF THAIL LORID.