

LO6000077903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

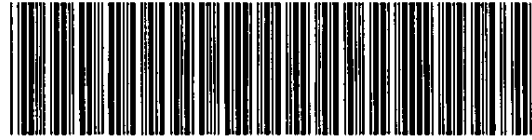
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700295412197

02/17/17--01013--014 \*\*60.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 FEB 17 P 6:00

FILED

**S Warren**

FEB 20 2017



1705 Cowart Road, Plant City, Florida 33567  
PH: 813-479-9349 FX: 813-650-0107  
Email Addresses: [lmaldonado71@gmail.com](mailto:lmaldonado71@gmail.com)  
[Playsafesurfacing2016@gmail.com](mailto:Playsafesurfacing2016@gmail.com)  
[www.playsafesurfacingllc.com](http://www.playsafesurfacingllc.com)

January 13, 2017

To Whom It May Concern:

Attached you will find the original Articles of Amendment to Articles of Organization from A & W Safety Surfacing, LL/dba Playsafe Surfacing, LLC and check # 1205. If you have any additional questions or concerns please, feel free to contact me at 516-315-2392.

Thanking you in advance for your assistance in this matter.

Sincerely,

Leonidas Maldonado



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

A & W Safety Surfacing, 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 08/08/2006 and assigned  
Florida document number L0600077903.

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 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)** \_\_\_\_\_

58 Commerce Drive, Farmingdale, NY 11735

Enter new mailing address, if applicable: \_\_\_\_\_

**(Mailing address MAY BE A POST OFFICE BOX)** \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_  
*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

FILED  
2017 FEB 17 P 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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>
AMBR	Kimberly Tilghman	193-01 100th Avenue	<input checked="" type="checkbox"/> Add
		Hollis, NY 11423	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 2017 FEB 17 P 6:00

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 01/23/2017 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated January 23, 2017

Handwritten signature of Leonidas Maldonado

Signature of a member or authorized representative of a member

Leonidas Maldonado

Typed or printed name of signee

FILED 2017 FEB 17 P 6:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA