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(Requestor's Name)					
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(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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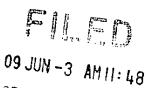
Office Use Only

## **COVER LETTER**

TO:	Registration Secti Division of Corpo				
SUBJECT: Florida Fi			re & Safety LLC		
50201			ted Liability Company		
The en	closed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
Robin R Fauteux			Robin R Fauteux		
			Name of Person		
		Flo	Florida Fire & Safety LLC		
			Firm/Company		
			821 Buckskin Ct		
			Address	,	
Englewood, FL 34223					
		_	City/State and Zip Code		
floridafirellc@yahoo.com  E-mail address: (to be used for future annual report notification)					
For fur	ther information con-	cerning this matter, please o	all:		
	Robin	R Fauteux	at (941) 4	75-3739	
Name of Person		Area Code & Daytime 7	Celephone Number		
Enclos	ed is a check for the	following amount:			
\$25	i.00 Filing Fee [	<b>∑</b> \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIE Registration Section Division of Corporati			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Florio (Name of the Limited Lia (A Flo	da Fire & Safety, LLC  bility Company as it now appears  orida Limited Liability Company)	SECRETA TALLAHAS s on our records.)	RY UF STATE SSEE FLORIDA
The Articles of Organization for this Limited Liabil Florida document number		08/16/2006	and assigned
This amendment is submitted to amend the following.  A. If amending name, enter the new name of the		:	
The new name must be distinguishable and end with th "L.L.C."  Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A)	e:	ny," the designation "l	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.			
B. If amending the registered agent and/or in registered agent and/or the new registered office		ur records, <u>enter</u> (	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Ente	er Florida street ada	dress
-	City	, Florida	Zip Code
	City		zip Coae

## 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 **Address** Type of Action Title Name 1 Richard E Fauteux Jr MGRM 821 Buckskin Ct ☐ Add Remove Englewood FL 34223 MGR Robin R Fauteux 821 Buckskin Ct ✓ Add Englewood FL 34223 Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated JUNE gnature of a member or authorized representative of a member Robin R Fauteux

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00