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COVER LETTER

TO: Registration Section Division of Corporat		, .		
SUBJECT:	SAFE	FUTURE LLC		
SUBSECT.	Name of Lim	ited Liability Company		
The enclosed Articles of Amen	dment and fee(s) are sub	mitted for filing.		
Please return all correspondence	e concerning this matter	to the following:		
		CAROL JOY BIGGS		
		Name of Person		
	SAF	E FUTURE LLC		
		Firm/Company		
	1400 NI	E 125 STREET		
		Address		
	NO	RTH MIAMI, FL 33161	<u>_</u>	ervision 22 JUL
	owe	City/State and Zip Code nsjoy335@gmail.com		
		o be used for future annual report notific	cation)	
For further information concern	ing this matter, please ca	11:		SIATE ORALI
CAROL JOY BIGGS		305 301-0826		90 OH:
Name of Perso	n	Area Code Daytime	Telephone Number	
Enclosed is a check for the follo	owing amount:			
■ \$25.00 Filing Fee □ \$	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing For Certificate of Societified Copy (additional copy is	Status &

MAILING ADDRESS:

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 FUTURE LLC

(A Florida Limited Liability Company)

The Articles of this Limited Liability Company were filed on December 11th 2006, with Effective Date of December 12th 2006 and assigned Florida document number **L06000117838**.

This Amendment is submitted to amend the following:

A. ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CAROL JOY BIGGS-OWENS SAFE FUTURE LLC 1400 NE 125 Street, Suite 101 North Miami, FL 33161 SECRE FARY LETS
DIVISION OF CORPA

22 JUL - 1 PINS

Having been named as registered agent and the Authorized Representative and to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby accept the appointment as the registered agent and the Authorized Representative and lagree to act in this capacity. I further agree to comply with the provisions of all statutes relating 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.

Registered Agent's Signature

B. PERSON(S) AUTHORIZED TO MANAGE THE LLC

Type of Action	<u>Title</u>	<u>Name</u> CAROL JOY BIGGS-	Address
_ Change _ Remove <u>x_</u> Add	CEO	OWENS	1400 NE 125 Street, Suite 101 North Miami, FL 33161
_ Change <u>x</u> Remove _ Add	AMBR	JOSEPH OWENS	1400 NE 125 Street, Suite 101 North Miami, FL 33161

The date of each amendment(s) adoption: APRIL 9TH 2013

Effective date: APRIL 9TH 2013

Adoption of Amendment

[x] The amendments were adopted by the members. The number of votes cast for the amendments were sufficient for approval.

Dated APRIL 9TH 2013

Signature

Printed Name:

JOSEPH OWENS

Title:

AMBR/Authorized Representative