# L01000069025

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| (Cit                    | ty/State/Zip/Phone | ·<br>• #) |
| PICK-UP                 | ☐ WAIT             | MAIL .    |
| (Bu                     | siness Entity Nam  | ne)       |
| (Do                     | ocument Number)    | <u> </u>  |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE
ORIO

T. CLINE

APR 2 3 2008

**EXAMINER** 

# COVER LETTER

| Registration Section Division of Corporations   |
|---|
| SUBJECT: Home Safe USA LLC (Name of Limited Liability Company)  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Karrie DiViHorio (Name of Person)   |
| (Firm/Company)  |
| 5977 Brainar PL # 103   |
| Orlando FL 32822 TALLARRY APR 22 TALLARRY APR 22  |
| For further information concerning this matter, please call:  |
| Karrie DV Horio at (407) 637-6116 (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee \$\ \text{Certified Copy}\$ (additional copy is enclosed) \$\$ \$60.00 Filing Fee, \$\$ \$60 |
| MAILING ADDRESS. STREET/COUDIED ADDRESS.  |

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

| HomeSo   | afe USA LLC  | ·,                                    |                            |   |
|--|--|---------------------------------------|----------------------------|---|
| (Name of the Limited I<br>(A F   | <b>Liability Company as it now ap</b><br>Florida Limited Liability Compa | pears on our records.)<br>ny)         |                            |   |
| The Articles of Organization for this Limited Lia Florida document numberLOT_000009        |  | July 2rd 2                            | and assigned               |   |
| This amendment is submitted to amend the follow  | wing:  |                                       |                            |   |
| A. If amending name, enter the new name of   | the limited liability company  | here:                                 | 7 2                        |   |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limited Liability Co  | ompany," the designation              | 790 ABbbreviation TANASTAR |   |
| B. If amending the registered agent and/or registered agent and/or the new registered offi |  | on our records, <u>enter</u>          | MID: 4                     |   |
| Name of New Registered Agent:  | Lindsay D  | House                                 | Om on                      |   |
| New Registered Office Address:   | 5825 Folks   | tone Ln OH<br>(Enter Florida street a | ando FL 3282<br>ddress)    | 2 |
|  | <u>Orlando</u>   | , Florida _                           | 32822<br>(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 fmited 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 Title -**Name Address** Type of Action Karrie Divittorio 5977 Braumar PL #103 ☐ Add Remove Add [ Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 2008 20th Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00