L080000034/8

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

T. HAMPTON

MAY 2 3 2008

EXAMINER

COVER LETTER

	ration Section on of Corporations
SUBJECT:	Nation Safe Dispatch, LCC (Name of Limited Liability Company)
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	LisaClark
	(Name of Person)
	Darion Safe Dispatch, LLC
	(Firm/Company)
	_ 800 yamato Rd Ste 100
	(Address)
•	Boea Raton, F1 33431
	(City/State and Zip Code)
· .	
For further info	rmation concerning this matter, please call:
_ Li	Sa Clark at (561) 226-3600 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a ch	eck for the following amount:
□ \$25.00 Filin	g Fee \$\bigsim \frac{30.00}{30.00}\$ Filing Fee & \$\bigsim \frac{355.00}{30.00}\$ Filing Fee & \$\bigsim \frac{360.00}{30.00}\$ Filing Fee, \$\bigsim \frac{360.00}\$ Filing Fee, \$\bigsim \frac{360.00}{30

MAILING ADDRESS:

44 - - + 1 - 1

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

08 MAY 2 2 PM 12: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 13, 2008

LISA CLARK 800 YAMATO RD STE 100 BOCA RATON, FL 33431

SUBJECT: NATION SAFE DISPATCH, LLC

Ref. Number: L08000003418

We have received your document for NATION SAFE DISPATCH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 908A00030550

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEC	80	
SECRETARY OF TALLAHASSEE, F	MAY 22	דורה
STA	图作	D
B.H.	 CO	

		SPATCH, L		4: 18
(<u>Name of the Limited L</u> (A F	lorida Limited Liab	as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liab	oility Company we 3418.	ere filed on	108	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, <u>enter the new name of t</u>	he limited liabilit	y company here:		,
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Company," tl	ne designation	"LLC" or the abbreviation
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
	-			
Enter new mailing address, if applicable:	-			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>			
	-			
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our re	cords, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:		(Euton E	Jouida atuant s	(dduoga)
	(Enter Florida street address)			
		, Florid		(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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Type of Action <u>Name</u> **Address** FRANK Mennella ☐ Add 7 Remove Michael Smith **「** Add 2 Remove Remove ☐ Add Remove Add
Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Andrew Smith
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00