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T. CLINE

JUL 2 6 2011

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	Safety Guys, I Name of Lin	LLC nited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are su	abmitted for filing.			
Please return all correspon	ndence concerning this matte	er to the following:			
	Christ	opher Cockerell Name of Person			
	Safe	ty GUS, LLC Firm/Company	_		
	<u> </u>	Scu 23rd St. Address			
	Fort Lau	Oderdale, FL 33316 City/State and Zip Code	<u> 5</u>	ZOII JUL 25 SECRETAR' TALLAHASS	engra.
	E-mail address: (crc1 @ amail. am	ation)	ي العا	barkal E
For further information co	ncerning this matter, please o	eall:		AM II: OF STA	g topatri to a
Christoph Name of	er (1 CKerell Person	at (954) 914 - 8704 Area Code & Daytime T	4 Celephone Number		
Enclosed is a check for the	following 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 Fe Certificate of S Certified Copy (additional cop	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

(Name of the Limited)	C7U\S, Liability Compai Florida Limited L	ny as it now appears (on our records.)			
The Articles of Organization for this Limited Lia	ibility Company <u>ゆるろ</u> .	were filed on	1115008	a	nd assig	;ned
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabi	ility company here:				
The new name must be distinguishable and end with 'L.L.C."	the words "Limit	ted Liability Company	," the designation	"LLC" o	or the ab	breviation
Enter new principal offices address, if applica	ble:			Z s	22	
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			- C	_	हुह
Enter new mailing address, if applicable:				ETARY OF WHASSEE.F	L 25 A	Service The Control of the Control o
Mailing address MAY BE A POST OFFICE B	(<u>ox)</u>			10 A	** =	<u>[</u>]
				DV DV	671	
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter	the na	me of	the new
Name of New Registered Agent:	_Chris	otopher co	ockerell			
New Registered Office Address:		-D SW23		11		
	Fort La	uderdale	Florida street ad	333	15	
		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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Christopher Cockerell	111-D Sw 23rd St. FORT LAwderdale, FL 33315	Add Remove
MGR	Christian Panagakos	III-D Scudz rd St. For valderdall, Fl 33316	Add
<u>S_</u>	Raymond Nel	THE SOU 23rd ST.	Add Remove
工	Ana Roque	IVI-D SON 23rd ST. FORT LANGUAGUE, FL 33315	Add Remove
MGR	Christophor Oxokcrell	111-1) Sou gard ST. FOYT LOUDLYDDY, FL 33315	Add /Remove
			PAGE AND
D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	FORM III
			
Dated	July 19th, 2011	·	
-	Cinnatura of a member -	a puth a vira d'acceptantativa a Caracachar	
	Signature of a member o	r authorized representative of a member	
-		r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00