## L0800019392

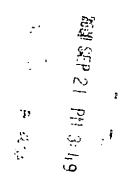
	7 1 81 8	
(₭€	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	<del></del>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(D.	siness Entity Nan	
(bu	isiness Entity ivar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
- Openial Modulations to	Timing Officer.	





200352475742

09/22/20--01001--003 \*\*25.00



2001S. . 51 PM H: 11

C. GOLDEN SEP 22 2020 FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Business Name & Document Number, (	(OFFICE USE ONLY) (if known):
1. SAFE REAL ESTATE, LIMITED	LIABILITY COMPANY
Name	Document Number (if known)
_x_ Walk in	Will wait
Certified Copy of:	
Certificate of Status	
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication INC OTHER	X AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMerger
OTHER FILINGS	REGISTRATION/OUALIFICATIONS
Annual Report	Foreign
Fictitious Name	Limited PartnershipReinstatement Trademark
APOSTIL	Other
COUNTRY	
	EXAMINER'S INITIALS:

## **COVER LETTER**

TO: 1	Registration Division of C	Section orporations		
SUBJECT	SAFE RE	AL ESTATE, LIMITED LIA	BILITY COMPANY	
		Name of L	imited Liability Company	1
The enclos	sed Articles o	of Amendment and fee(s) are so	shmitted for Glino	
		condence concerning this matter		
	·	The state of the s	a to the following:	
		Giorgio Picinelli		
			Name of Person	
			Firm/Company	
		1680 Michigan Ave suite	·	
			Address	
		Miami Beach, FL 33139		
		gpicinelli@gmail.com	City/State and Zip Code	
			(to be used for future annual report not	ification)
For further	information o	concerning this matter, please o	call:	
Giorgio Pic	inetti		305 6724971	
	Name e	l'Person	at (	ne Telephone Number
Enclosed is	a check for the	he 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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Re Div P.C	iling Address gistration S vision of C ). Box 632 llahassec, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

-	-	-	-	2	:	1	1	١.	1.3
				- 4		I		١.	1 8

SAFE REAL ESTATE, LIMITED LIAB	BILITY COMPANY		
(Name of the Limited Lie (A Flo	ability Company as it now appear orda Limited Liability Company)	3 on our records.)	
The Articles of Organization for this Limited Liabilit			red
Florida document number L08000019392			
This amendment is submitted to amend the following	<u>z</u> :		
A. If amending name, enter the new name of the	fimited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the way to "	12-5-11-12-2	<del>-</del>	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD.	DRESS)		
	<u></u>		
			—
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -		
	<del></del>		
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our reco :	ords, enter the name of the new reg	blere
Name of New Registered Agent:			
New Registered Office Address:	-		_
	Enter Florida	street address	—
		. Florida	
New Registered Agent's Cincinnation	Cuy	Zsp Code	_
accept the obligations of my position as registered a being filed to merely reflect a change in the register	agent as provided for in Cha	duties, and I am familiar with and	th the i is
New Registered Agent's Signature, if changing Registers I hereby accept the appointment as registered agent provisions of all statues relative to the proper and o accept the obligations of my position as registered a being filed to merely reflect a change in the register, company has been notified in writing of this change.	Cuy  ed Agent:  I and agree to act in this cap complete performance of my agent as provided for in Cha	Elorida Zap Code  Zap Code  Dacity. I further agree to comply with and the duties, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Lupo Sirnona		
			□Add
			□Remove
			□ Change
<del></del>			DAdd
		-	ORemove
			©Change
-			□Add
			□Remove
			[] Change
<del></del>			
			□Remove
			□Change
<del></del>			DAdd
			□Remove
			DChange

	otber information, en				
	<del></del>				
<del></del>					
					<del></del>
<del> </del>					
<del></del>		<del></del>			
					<del></del>
				<del></del>	
<del></del>		<del></del>			
_				<del></del>	<del></del>
<del></del>				<del></del>	
<del>_</del>					<u> </u>
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
<del></del> ,	<u> </u>	<del></del>			
	<del></del>				
			· · · · · · · · · · · · · · · · · · ·		<del></del>
				<del></del>	<del></del>
<del></del>			<del> </del>		
AN CHECKIVE COME K INC.	er than the date of fil d, the date must be specific ted in this block does no		date of films or more than	(optiona	I)
ole: If the date inse	ted in this block does no late on the Department of	of meet the application of State's records.	ble statutory filing requi	rements, this da	g.) Pursuant to 605 020 te will not be listed as
ocument's effective (					
	ayed effective date, but r	not an effective tim	e, at 12:01 a.m. on the o	zulier of: (b)	he 90th day after the
	syed effective date, but i	2020	e, at 12:01 a.m. on the o	auther of: (b)	he 90th day after the
record specifies a del lis filed.	<del></del>	2020			he 90th day after the
record specifies a del lis filed.	<del></del>	2020	e, at 12:01 a.m. on the o		he 90th day after the

Filing Fee: \$25.00