## L08000052599

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2011 JUL 27 PH 12: 54
SECRETARY OF STATE
ANASSEF, FLORIDA

C. LEWIS

JUL 2 8 2011

EXAMINER

## **COVER LETTER**

2.1

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of C	orporations		
SUBJECT:	SAFE HAVEN	PROPERTIES, LLC	
ococcii		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
		JAY HEIDEL	
		Name of Person	
		Firm/Company	
		5559 BAYWATER DR	
	•	Address	
		TAMPA, FL 33615 City/State and Zip Code	~
	JAY	HEIDEL@GMAIL.COM	
For further information	E-mail address: ( concerning this matter, please (	to be used for future annual report notificall.	cation)
			0.40.0000
-v- ····	JAY HEIDEL	at ( 727 )  Area Code & Daytime	642-9633
Idaille	e of reison	Alea Code & Daytille	reseptione Publical
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURING Section	
	stration Section	Registration Section	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILEU

2011 JUL 2里 RH 12: 54

SAFE HAVEN PR	OPERTIES, LLC	RETARY OF STATE
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records. Liability Company)	AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL08000052599	were filed on MAY 27, 2008	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
JAY HEIDI	•	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	5559 BAYWATER DR	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FL 33615	<del></del>
Enter new mailing address, if applicable:	5559 BAYWATER DR	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA, FL 33615	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  .  Name of New Registered Agent:  New Registered Office Address:		
	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

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Page 2 of 2

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