# L0800088779

| (Requestor's Name)                      |      |
|---|------|
| (Address)                               | 2002 |
| (Address)                               | 2001 |
| (City/State/Zip/Phone #)                |      |
| (Business Entity Name)                  | 09/2 |
| (Document Number)                       |      |
| Certified Copies Certificates of Status |      |

200212223422

09/29/11--01020--007 \*\*30.00

Special Instructions to Filing Officer:

L. SELLERS

OCT -3 2011

**EXAMINER** 

Office Use Only



## September 28, 2011

Registration Section
Division of Corporations
Clifton Building
2661 Execvutive Cengter Circle
Tallahasssee, FL 32301

### Dear Sir/Madam:

I am also resending you the page that I omitted plus a copy of the check that I sent for \$30.00 to request the certified copy. If you can't find it then please reapply the new documentation number L0800088779 with a new check for \$30.00 and kindly inform me how can I obtain a refund for the previous check sent. If you find the other form with the payment and can use this omitted information, please don't cash the new check. Any questions, please call me at (850) 461-3540. Thank you.

Gladys Sullivan

Manager

U-Drive Safe LLC. 3779 Misty Way

Destin, FL 32541

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: U-DRIVE SAFE 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:   |
| GLABYS SULLIVAN Name of Person  |
| U-DRIVESAFE LLC   |
| Firm/Company  |
| 3779 MISTY WAY  |
| DESTUN EZ 32541   |
| City/State and Zip Code  Ultrius stella yalvo. em  E-mail address: (to be used for intuje annual report holdication)  |
| For further information concerning this matter, please call:  |
| GLADYSJULISAN at RD, 461-3540   |
| Name of Person Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount:   |
| \$25.00 Filing Fee \$\ \times 25.00 Filing Fee \& |

#### 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

| U-DRI  | VE SAFE LLC   |
|--|---|
| (Name of the Limited 1<br>(A)  | Liability Company as it now appears on our records.) Florida Limited Liability Company) |
| The Articles of Organization for this Limited Lia  | ability Company were filed on 9/18/2008 and assigned 000 88 77 9                        |
| This amendment is submitted to amend the follow  | wing:   |
| A. If amending name, enter the new name of t   | the limited liability company here:   |
| The new name must be distinguishable and end with "L.L.C."                                 | the words "Limited Liability Company," the designation "LLC" or the abbreviation        |
| Enter new principal offices address, if applical   | ble:  |
| 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 offi | r registered office address on our records, enter the name of the new                   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   |   |
|  | Enter Florida street address  |
|  | City Zip Code   |
| New Registered Agent's Signature, if changing Re   | gistered 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.

|                         | he Managers or Managing Mem<br><u>Member being added or removed</u> |                                   | tle, name, and address of each M | <u>lanager</u> |
|-------------------------|---|-----------------------------------|----------------------------------|----------------|
| MGR = Mana<br>MGRM = Ma | nger<br>naging Member   | L080008                           | 8779                             |                |
| <u>Title</u>            | Name  | Address                           | Type of Ac                       |                |
| M&RM<br>—               | JOSEPH TE   | YSSANDIER 3779                    | MISTY WAY Add  NE 37541  Remove  |                |
| MGR                     | GLADYS SULL   | DESTIN                            | Ty WAy Add Remove                |                |
|                         |   |                                   | Add Remove                       |                |
|                         |   |                                   | Add Remove                       |                |
|                         |   | -                                 | Add Remove                       |                |
|                         |   |                                   | Add<br>Remove                    |                |
| D. If amendin           | g any other information, enter cl                                   | hange(s) here: (Attach additional | sheets, if necessary.)           |                |
|                         | 1 At L  |                                   |                                  |                |
|                         | Page Mut  | Jorgal to h                       | relade                           |                |
|                         |   |                                   |                                  |                |
| Dated Se                | Agh   | Report                            |                                  |                |
| _                       | Signature of a me   |                                   |                                  |                |
|                         | T)  | vned or printed name of signee    |                                  |                |

Page 2 of 2

Filing Fee: \$25.00