

LUSCOW 88779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

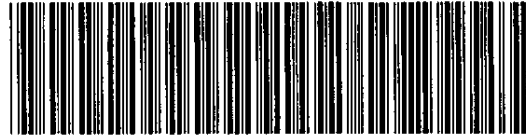
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALBANY, NEW YORK

JUL 23 2015

S MASON

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:

STEPHEN H. DUGAS
Name of Person
U-DRIVE SAFE LLC
Firm/Company
3779 MISTY WAY
Address
DESTIN FL 32541
City/State and Zip Code
UDRIVESAFEFL@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GLADYS SULLIVAN at (850) 461-3540
Name of Person Area Code Daytime Telephone 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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-DRIVE SAFE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9-18-08 and assigned
Florida document number L 08000088779

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 605, 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

MGR = Manager
AMBR = Authorized Member

MGR GLADYS
SULLIVAN

Address	Type of Act
3779 MISTY WAY	<input checked="" type="checkbox"/> Add
DESTIN, FL 32541	<input type="checkbox"/> Remove

MGR STEPHEN H.
DUGAS

3779 MISTY WAY ☐ Add
DESTIN, FL 32541 ☒ Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove

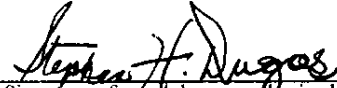
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JANUARY 1997

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 7-16, 2015



Signature of a member or authorized representative of a member

STEPHEN H. DUGAS

Typed or printed name of signee

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TALLAHASSEE, FLORIDA