## 1080001071632

(Requestor's Name)				
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				

Special Instructions to Filing Officer:

L. SELLERS

OCT -7 2010

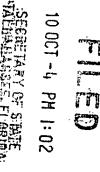
**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SAFE - PRO USA 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:
ANJAU P. BORKAR  Name of Person
SAFE-PRO USA LLC Firm/Company
9384.5.w. 154 PIACE
CORAL SPRING IL 33071 City/State and Zip Code
City/State and Zip Code  Safety. Product @ Yohas.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PATALE BORKAR at (954) 575- 3988/ 954- 494- 5768  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  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

SAFE-PRO USA	LL-C		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Compan	y were filed on and assigned		
Florida document number <u>L0 800010 76.3</u>	2		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
- NF	l -		
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	- NA-		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	- XIA -		
Maning address may be a lost of the boar			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new re:		
Name of New Registered Agent:	-NA-		
New Registered Office Address:  — N A -  Enter Florida street address			
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and com- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	plete performance of my duties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is		
company has been notified in writing of this change.	21A -		

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>	Name	Address	Type of Action
<u> </u>	PRAVIN V. BORKAR	9384 S.W. 15+ PL.	Add Remove
	<del></del>	33071.	Add Remove
			Add Remove
<del></del>	<del></del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
	- NA -		10 SE
 Dated	001/2010		SEGRETARY OF S
	Signature of a member of Typed or	P. BOKAR  Printed name of signee	1: 02

Page 2 of 2

Filing Fee: \$25.00