

L08000111339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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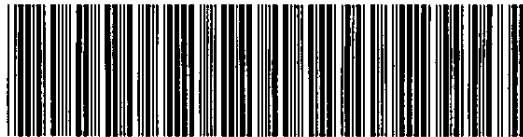
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 26 AM 10:40

FILED

K. SALY
EXAMINER
JUN -1 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFI MANAGEMENT COMPANY LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ramon J Menendez

(Contact Person)

(Firm/Company)

6032 SW 127 PL

(Address)

Miami, FL, 33183

(City/State and Zip Code)

For further information concerning this matter, please call:

Ramon J Menendez

(Name of Contact Person)

at (**305**)

8788091

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAFI MANAGEMENT COMPANY LLC

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

FILED
2015 MAY 26 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 04, 2008 and assigned
Florida document number L08000111339

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:

12367 SW 132 Ct

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL, 33186

Enter new mailing address, if applicable:

12367 SW 132 Ct

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL, 33186

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:

Ramon Jorge Menendez

New Registered Office Address:

6032 SW 127 Pl

Enter Florida street address

Miami

City

Florida 33183

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JORGE SANCHEZ	445 COUNTRY WOOD CIRCLE	<input type="checkbox"/> Add
		LAKE MARY FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	YOLANDA SANCHEZ	445 COUNTRY WOOD CIRCLE	<input type="checkbox"/> Add
		LAKE MARY FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TOPAZIO LEASING SERVICES	445 COUNTRY WOOD CIRCLE	<input type="checkbox"/> Add
		LAKE MARY FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2015 MAY 26 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEJANDRA MARIA MENENDEZ	6032 SW 127 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAMON JORGE MENENDEZ	6032 SW 127 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGE SANCHEZ DEL VALLE	6032 SW 127 PLACE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2015 SEP 26 AM 10:11
TALLAHASSEE, FL 32301
J. J. HARRIS, CLERK

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

2015 MAY 23
ST. KENNETH
FALL RIVER, MASS.
FALL RIVER, MASS.

FILED
MAY 26 AM 10:41
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF FLORIDA
JALAHASSIE

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 08 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ramon Jorge Menendez

Typed or printed name of signee