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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporat	ions		
SUBJECT: SAFE	Ty FIRST Name of Limi	LOGISTICS, LLC	<u>ن</u>
The enclosed Articles of Amen	dment and fee(s) are sub-	mitted for tiling.	
Please return all correspondence	e concerning this matter	to the following:	
_	Dane	Name of Person	 .
_	DAFETY FI	PST LOGISTICS +	LLC
_	13135 RN	eRGATE TRL E.	
)Ackson.	LILLE FL 327 City/State and Zip Code	123
\mathcal{I}) IAnne Se 1 E-mail address: (1	to e thail to be used for future annual report notif	- Comication)
For further information concern	ning this matter, please ea	all:	
Dianne Se Name of Perso	LTON On	at (904) 055 Area Code Daytime	スタフク Telephone Number
Enclosed is a check for the foll	owing 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)
<u>Mailing Address:</u> Registration Section Division of Corpo		<u>Street Address:</u> Registration Sec Division of Corp	
P.O. Box 6327	 -	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFETY FIRST LOGI (Name of the Limited Liability Company)	STICS LLC P P P P P P P P P P P P P P P P P P
The Articles of Organization for this Limited Liability Company Florida document number 100000 28 36 0	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Dames Taddeo	COOD PROVOST RD N	□Add
		COBOZ PROVOSTRON DACKSONVIILE, FL 32214	Remove
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