10000043789

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Sectorial Division of Corp			
, SUBJI	CCT·	Safe Wir	e Holdings LLC	
0000	<u></u>		led Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		J	ames D'Loughy, Esq	
			Name of Person	
			Advisor Law PLLC	
			Firm/Company	
			2855 PGA Blvd	
			Address	
		Palm Be	ach Gardens, Florida 33410	
			City/State and Zip Code	
	,	E-mail address: (o be used for future annual report notifica	tion)
For fur	ther information co	ncerning this matter, please c	all:	
		es D'Loughy	at ()	22-7788
	Name of	Person	Area Code & Daytime	elepnone Number
Enclos	ed is a check for the	e following amount:		
₹ 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		NG ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE WIRE HO	<u>OLDING LLC</u>	<u> </u>	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL10000043789		04/23/2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	8963 Stirling	Road, Suite 7	
(Principal office address MUST BE A STREET ADDRESS)	Cooper City,	FL 33328	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8963 Stirling Cooper City,	Road, Suite 7 FL 33328	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter tl</u>	ne name of the nev
Name of New Registered Agent:		ALLA ALLA	S S TI
New Registered Office Address:	En	nter Florida street addr Florida	35
	City	, i'iorida 	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		,	ביי ייינ >

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.

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:

<u>tle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Damova
			□Pamova
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If amen	ding any other information, enter c	change(s) here: (Attach additional she	ets, if necessary.)
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