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2011 JUL 11 PM 225
SECRETARY OF STATE
ANASSEF, FLORIDA

C. LEWIS

JUL 1 2 2011

EXAMINER

COVER LETTER

TO: Registration S Division of Co		* :	•
SUBJECT:	SAFE	EXTOP LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		DARIO ALVAREZ	
		Name of Person	
	ANDINO	CONSULTING GROUP IN	NC
		Firm/Company	
	9785 S OR/	ANGE BLOSSOM TRAIL S	STE B
		Address	
	(ORLANDO FL 32837	
		City/State and Zip Code	
	DAF	RIO@ANDINOCG.COM to be used for future annual report noti	(Contion)
	·	·	neation)
For further information	concerning this matter, please o	eall:	
DAI	RIO ALVAREZ	at (407)	376-2911
Name of Person		Area Code & Daytin	ne 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

FILED

	SAFEXTO			nicii em 56.50
(Name of the Limited (A	Liability Compar Florida Limited L	ny as it now appear liability Company)	s on our records!)Cl TALLA	RETARY OF STATE NHASSEE, FLORIDA
The Articles of Organization for this Limited L Florida document numberL1000006		were filed on	06/30/2010	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company her	2:	
	N/A	ı		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Compa	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		2315 NW 107	AVE	
(Principal office address MUST BE A STREET ADDRESS)		STE 1MB25 -	BOX 81	
		MIAMI FL 331	172	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2315 NW 107 STE 1MB25 -		
		MIAMI FL 33172		
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	M/A		ur records, <u>enter</u>	the name of the ney
New Registered Office Address:	N/A	. الم	an Manida atau a	lduana
	Enter Florida stree			
		N/A	, Florida	N/A
		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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>MGRM</u>	Augusto Javier Pe	2315 NW 107 AVE STE 1MB25 - BOX MIAMI FL 33172	Add Remove
<u>MGRM</u>	Claudia Andrea Pe	2315 NW 107 AVE STE 1MB25 - BOX MIAMI FL 33172	
<u>MGRM</u>	Carlos Vicente Pe	aez U <u>2315 NW 107 AVE</u> STE 1MB25 - BOX MIAMI FL 33172	
MGRM	Laura Juliana Ace	vedo 2315 NW 107 AVE STE 1MB25 - BOX MIAMI FL 33172	
<u>MGRM</u>	FPF Enterprises L	2315 NW 107 AVE STE 1MB25 - BOX MIAMI FL 33172	
N/A	N/A	N/A N/A	Add Remove
	N/A	n, enter change(s) here: (Attach addition	iai sneets, if necessary.)
,	N/A		ZOIL JUL SEPRET TALLAHA
	N/A		TALEARE SE PRETA
	N/A		SKR - II
	N/A		OF STATE
Dated	07/07/2011		TE NDA
	Signa	ure of a member or authorized representative	of a member
		FALIERO PELAEZ Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00