

L10000087339

Florida Department of State
Division of Corporations
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(((H1000226106 3)))



H10002261063ABCS

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAFEGUARD FINANCIAL NETWORK LLC**

Certificate of Status	0
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T. CLINE
OCT 15 2010
EXAMINER

FAX WORD # H100002261063

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

The Articles of Organization for this Limited Liability Company were filed on 8/19/2010 and assigned Florida document number L10000087339

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 end with the words "Limited Liability 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)

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 CLERK OF DISTRICT COURT
 FLORIDA
 TALLAHASSEE

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: _____

New Registered Office Address: _____

Enter Florida street address

_____ Florida _____
 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 Changing Registered Agent, Signature of New Registered Agent

Fax Word # H100002261063

FOR CREDIT # 17100002241063

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Igor Barsky	11599 SW 67 th Ave., Pinecrest, FL 33156	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Robert Barsky	11599 SW 67 th Ave., Pinecrest, FL 33156	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 STATE OF FLORIDA
 TALLAHASSEE COUNTY

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

Dated October 13, 2010



 Signature of a member or authorized representative of a member

Igor Barsky, Member

 Typed or printed name of signee

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