

12/20/2011 16:09 FAX 407 4231833

Division of Corporations

DEAN MEAD EGERTON BLOODWORTH CAPOUANO & BOZART

0001  
Page 1 of 1

L11000030843

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000297617 3)))



H110002976173ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZART  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: TedPoitraell@aol.com

RECEIVED  
11 DEC 20 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAFEHANDS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

CRD 015455/054822

2011 DEC 20 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

J. SAULSBERRY  
EXAMINER

DEC 21 2011

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

**SAFEHANDS SOLUTIONS, LLC**

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

FILED  
2011 DEC 20 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/11/2011 and assigned  
Florida document number L11000030843

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)**

c/o Paula Miner, CCR LLP

1400 Computer Drive, Suite 300

Westborough, MA 01581

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

c/o Paula Miner, CCR LLP

1400 Computer Drive, Suite 300

Westborough, MA 01581

**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:**

Dean Mead Services, LLC

**New Registered Office Address:**

800 N. Magnolia Ave., Suite 1500

*Enter Florida street address*

Orlando

Florida

32803

*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.*

By: 

**If Changing Registered Agent, Signature of New Registered Agent**  
**Christopher R. D'Amico, Vice President**

**Page 1 of 2**

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>
MGR	Dr. Jay E. Reubens	5317 Buckhead Circle Boca Raton, FL 33486	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Edward W. Poltras	949 Hamilton Circle Haines City, FL 33844	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 20 AM 8:21

FILED

Dated December 20, 2011

*Edward W. Poltras*  
Signature of a member or authorized representative of a member

Edward W. Poltras, President of Highside Investments, Inc., sole Member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00