

L110000106942

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(Address)

(City/State/Zip/Phone #)

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2011 OCT 18 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 19 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safe Surface Solutions, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael A. Fineo

Name of Person

Safe Surface Solutions, LLC

Firm/Company

921 Kingscote Ct

Address

Safety Harbor, FL 34695

City/State and Zip Code

info@safesurfacesolutions.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael A. Fineo

Name of Person

at (727)

286-8621

Area Code & Daytime 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

Previously Submitted



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

11 OCT 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 12, 2011

MICHAEL A FINEO
921 KINGSCOTE CT
SAFETY HARBOR, FL 34695

SUBJECT: SAFE SURFACE SOLUTIONS, LLC
Ref. Number: L11000100942

We have received your document for SAFE SURFACE SOLUTIONS, LLC and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$60.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The resigning agent must sign the form not the owner of the LLC.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 711A00023468

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2011 OCT 18 AM 9:58

SAFE SURFACE SOLUTIONS, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 02, 2011 and assigned
Florida document number L11000100942.

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)

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:

Michael A. Fineo

New Registered Office Address:

921 Kingscote Ct

Enter Florida street address

Safety Harbor

, Florida

34695

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.

Michael A. Fineo
Signature of New Registered Agent

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>
			<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
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			<input type="checkbox"/> Remove

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

FILED
2011 OCT 18 AM 9:58
TALLAHASSEE FLORIDA
SECRETARY OF STATE

Dated _____

