12000007659

(Requestor's Name)				
(Address)				
(Address)				
(Addiess)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Decument Musches)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
epecial mediacione to 1 mmg emeci.				
FEB 2 8 2012				
L. SELLERS				

Office Use Only



100221689091

02/27/12--01040--007 **25.00

SECRETARY OF STATE
TALLAHA'SSEE, FLORIDA

COVER LETTER

	ision of Corporations	ì
SUBJECT:	A-Allstar Safe 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:	
	Roberto Neuberger	
	Name of Person	
	•	
For further in	Operations@activefilings.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call:	
	Roberto Neuberger at (800) 609-2521	
	Name of Person Area Code & Daytime Telephone Number	r
Enclosed is a	check for the following amount:	
₹25.00 F	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ite of Status &

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

A-Allstar S	Safe LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appea	rs on our records.)	
(and my company)		
The Articles of Organization for this Limited Liability Company	were filed on	1/17/2012	and assigned
Florida document number L12000007659			
		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>:e</u> :	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	218A E Eau Gallie Blvd. #5		
(Principal office address MUST BE A STREET ADDRESS)	Indian Harbour Beach, FL 32937		
•			
Enter new mailing address, if applicable:	218 ∆ F Fau (Gallie Blvd #5	
Enter new mailing address, if applicable: 218A E Eau Gallie Blvd. #5 (Mailing address MAY BE A POST OFFICE BOX) Indian Harbour Beach, FL 32937			37
muning unitess MAT BE A TOST OFFICE BOA	malan Harbo	di Bodon, i E ozo	· · · · · · · · · · · · · · · · · · ·
			
B. If amending the registered agent and/or registered of		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office address her	<u>·e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, 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

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 **Type of Action** Title <u>Address</u> <u>Name</u> Heath Irlbeck MGRM 218A E Eau Gallie Blvd. #5 ✓ Add Indian Harbour Beach, FL 32937 ☐ Remove Remove ☐ Remove Add □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE V: The name and address of managing member are: Title: MGRM Christopher Short, 218A E Eau Gallie Blvd. #5, Indian Harbour Beach, FL 32937 February 9th 2012 Dated -DocuSigned by: Christopher Short Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Christopher Short

Filing Fee: \$25.00