

**L12000007654**

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**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

**Active Filings LLC**

Firm/Company

**3109 Stirling Rd. Suite 202**

Address

**Fort Lauderdale, FL 33312**

City/State and Zip Code

**operations@activefilings.com**

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

For further information concerning this matter, please call:

**Roberto Neuberger**

Name of Person

at ( 800 ) 609-2521

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

**A-Allstar Safe LLC**

(A Florida Limited Liability Company)

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>
MGRM	Heath Irlbeck	218A E Eau Gallie Blvd. #5 Indian Harbour Beach, FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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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

Dated February 9th, 2012

DocuSigned by:

Christopher Short

BF8686063DC1447...

Signature of a member or authorized representative of a member

Christopher Short

Typed or printed name of signee

FILED  
12 FEB 27 PM 1:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE