

L120000049665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

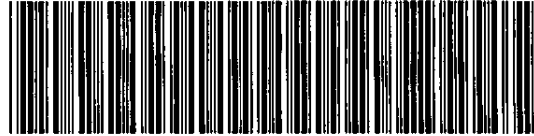
(Business Entity Name)

(Document Number)

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16 JUN 27 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 27 PM 11:24
TALLAHASSEE, FLORIDA

JUN 29 2016

Y SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFE IN OUR HANDS, 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:

DOTHLYN E. STERLING

Name of Person

SAFE IN OUR HANDS, LLC

Firm/Company

2428 Caravelle Circle

Address

Kissimmee, FL 34746

City/State and Zip Code

dr.dsterling@yahoo.com

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

For further information concerning this matter, please call:

DOTHLYN E. STERLING

407 552-2892

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE IN OUR HANDS, 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 04/11/2012 and assigned
Florida document number L12000049665.

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 contain 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)

2428 Caravelle Circle
Kissimmee, Florida 34746

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:

DOTHLYN E. STERLING

New Registered Office Address:

2428 Caravelle Circle

Enter Florida street address

Kissimmee

City


Florida

34746

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIEL CHARLES	3053 ORLEANS WAY N.	<input type="checkbox"/> Add
		APOPKA, FL 32703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DOTHLYN E. STERLING	2428 Caravelle Circle	<input checked="" type="checkbox"/> Add
		Kissimmee, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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16 JUN 27 PM 5:19
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MASSACHUSETTS, FLORIDA

1

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 695.0207-(3)(b)

16 JUN 29 PM 5:11
TALLAHASSEE, FLORIDA
OFFICE OF THE ATTORNEY GENERAL
TALLAHASSEE, FLORIDA
Pursuant to 5.0207-C
will not be listed as t
the earlier of:

Dated 06/16/2016

Signature of a member or authorized representative of a member

DOTHLYN E. STERLING

Typed or printed name of signee