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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)
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## **COVER LETTER**

	Registration S Division of Co			
SUBJEC		or Fiduciary LLC	•	•
SUBIRC	- • • <u> </u>	Name of Lin	nited Liability Company	
The enck	osed Articles o	f Amendment and fee(s) are sul	amitted for filing	
		ondence concerning this matter		
		Virginia Shelby		
			Name of Person	
		Safe Harbor Fiduciary L1	.C	
			Firm/Company	<del></del>
		700 S Palafox Street St	e 300	
			Address	
		Pensacola, FL 32502		
		vshelbycpa@yahoo.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furthe	er information o	concerning this matter, please c	all:	
Virginia :	Shelby		850 435-4844	
,	Name c	of Person		e Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	dailing Addres		Street Address: Registration Sec	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Safe Harbor Fiduciary LLC			ا والعدد
(Name of the Limite)	d Liability Comp A Florida Limited	any as it now appears on our reco Liability Company)	ords.) 2
The Articles of Organization for this Limited Lia	bility Company	were filed on May 14, 2012	and assigned
Florida document number L12000064749	·		27
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	Scott McCaghren	
Principal office address MUST BE A STREET ADDRESS)		700 S. Palafox Street Ste	300
		Pensacola, FL 32502	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE Be	<u>0x)</u>		
B. If amending the registered agent and/or registered office address	gistered office a here:	address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:	Scott McCagh	ren	
New Registered Office Address:	700 S. Palafox	Street Ste 300	
		Enter Florida street addr	ess
	Pensacola		lorida <sup>32502</sup>
		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 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>	Address	Type of Action
MGR	Scott McCaghren	700 S. Palafox Street Ste 300 Pensacola, FL 32	250 ■Add
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			Change
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			□Remove
			Change
<u>—</u> .			□Add
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		06/15/2020			
ffective date, if other than	the date of filin	σ,	3.311	(optional)	)
an effective date is listed, the date ote: If the date inserted in th	must be specific and is block does not r	g:d cannot be prior to da neet the applicable	te of filing or more tha	n 90 days after filing	A Programme to AUS 020
an effective date is listed, the date ote: If the date inserted in th	must be specific and is block does not r	g:d cannot be prior to da neet the applicable	te of filing or more tha	n 90 days after filing	A Purculant to 605 020
an effective date is listed, the date of the date of the date inserted in the ocument's effective date on the	must be specific and is block does not r ne Department of S	g: d cannot be prior to da neet the applicable State's records.	te of filing or more tha statutory filing requ	n 90 days after filing irements, this date	e will not be listed as
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Filing Fee: \$25.00