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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
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COVER LETTER

TO; Registration So Division of Cor			
SAFETY F SUBJECT:	TRST DIVE EQUIPMENT, LE	_(`	
3(.DJ1.C1.	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GERALD ADAMS		
		Name of Person	
	FAST TAX INC		
		Firm Company	
	113 N FEDERAL HWY		
		Address	,
	DANIA BEACH, FL 3300).4	
	GERALDADAMS@FAST	City/State and Zip Code TAXREFUND.COM	
	•	to be used for future annual report notifi	cuhon)
For further information of	concerning this matter, please c	all:	
GERALD ADAMS		954 562-1063	
Name c	if Person	at () Area Code — Daytime	Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFETY FIRST DIVE EQUIPMENT, LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 12/10/2012	and assigned
florida document number 1.12000154194		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	red Liability Company," the designation "LLC" or the abb	
Enter new principal offices address, if applicable:	; · ·	PG7
Principal office address MUST BE A STREET ADDRI	ESS)	
		100 %
Enter new mailing address, if applicable:		17
Mailing address MAY BE A POST OFFICE BOX)	ì	<u></u>
Statung unaress SEAT DE A FOST OFFICE DOXY	ę	a
3. If amending the registered agent and/or regist		he name of th
egistered agent and/or the new registered office addr	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	***
	Cinv	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

Title	Name	<u>Address</u>	Type of Action
MGR	JOE BUSII	1400 SW 12 AVE	
		POMPANO BEACH, FL 33069	■ Remove
			☐ Change
			□ Remove
			Change
			☐ Remove
			☐ Change
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ffective date, if other than t	the date of filing	12 6/2017		(optional)		
on effective date is listed, the date in ote: ote: If the date inserted in this	must be specific and	cannot be prior to date		days after filmg	.) Pursuant to 6	
ocument's effective date on the			andien y minig requiren	ients, this date	will trop the p	isicu a.
record specifies a delay	ecord is filed.	ate, but not an	effective time, at	12:01 a.m.	on the ear	rlier o
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The 90th day after the r	6 //·	2-		:	10.7 10.94	
The 90th day after the r	ei Bu	2	representative of a memb	- :	22	ta .
The 90th day after the rated December BER CHRISTOPHER BU	Signature of a r	2	representative of a memb	: : :	27	ta

Filing Fee: \$25.00

Page 3 of 3