13000141187

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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D. SCOTT FEB 3 2017

COVER LETTER

TO:	Registration Sec Division of Corp		,		
SUBJE		CTION SAFETY SPECIALI	STS FL, LLC		
300312	Ç	Name of Lin	nited Liability Company		
The end	losed Articles of A	Amendment and fee(s) are sul	omitted for filing.		
Please r	eturn all correspor	ndence concerning this matter	to the following:		
	CLIENT SERVICE SPECIALISTS FL, LLC Firm/Company				
·					
	Address				
	City/State and Zip Code jessica.sons@bridgely.com				
		E-mail address:	to be used for future annual report notific	ation)	
For furt	her information co	ncerning this matter, please of	all:		
DANIE	L P. JOHNSON		941 746-6567		
	Name of	Person		Felephone Number	
Enclose	d is a check for the	e following amount:		0 \$60.00 Filing: Fee	
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

CONSTRUCTION SAFETY SPECIALISTS FL, 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 OCTOBER 7, 2013 and assigned Florida document number L13000141187 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CLIENT SERVICE SPECIALISTS FL, LLC 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) 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: New Registered Office Address: Enter Florida street address Florida City 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			
			□ Remove
			Add
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			□ Remove
			□ Changa

amending any other informati	ion, enter change(s) her		•	
		•••		

Tective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this block becament's effective date on the Dep	ck does not meet the applic	able statutory filing requir	(optional) 90 days after filing.) Pursu rements, this date will no	ant to 605.0207 ot be listed as
record specifies a delayed The 90th day after the reco	effective date, but no rd is filed.	ot an effective time, a	at 12:01 a.m. on th	
JANUARY 25	2017			THE THE
Dans 1	Mhn			S T T
S	Signature of a member or author	orized representative of a me	mber	II: 2
DANIEL P. JOHNSON	•		<u> </u>	\$111 -4

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee