

L14000051834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2016 JAN 13 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

K. SALLY
EXAMINER

JAN 14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 JAN 13 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 30, 2015

SAFER HOME SERVICES, LLC
JAMES F SWAYNE
4190 112TH TERRACE NORTH
CLEARWATER, FL 33762

SUBJECT: SAFER HOME SERVICES, LLC
Ref. Number: L14000051834

We have received your document for SAFER HOME SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00027123

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFER HOME SERVICES, 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:

JAMES F. SWAYNE

Name of Person

SAFER HOME SERVICES

Firm/Company

4190 112th TERRACE NORTH

Address

CLEARWATER, FLORIDA 33762

City/State and Zip Code

JIM@SAFERHOMESERVICES.COM

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

For further information concerning this matter, please call:

JIM SWAYNE

Name of Person

at (727)

Area Code

800-2992

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
paid \$25.00 check #1960 12/23/2015

☐ \$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

SAFER HOME SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/28/2014 and assigned
Florida document number L14000051834

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)

4190 112TH TERRACE NORTH
CLEARWATER, FLORIDA 33762

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4190 112TH TERRACE NORTH
CLEARWATER, FLORIDA 33762

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:

4190 112TH TERRACE NORTH
Enter Florida street address

CLEARWATER, Florida 33762
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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE, FLORIDA

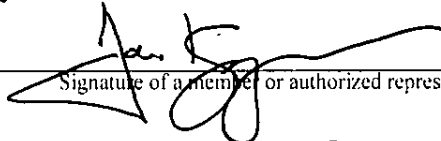
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JANUARY 11, 2016



Signature of a member or authorized representative of a member

JAMES F. SWAYNS

Typed or printed name of signee