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SECRETARY OF STATE

K. SALY DEC 16 2016

COVER LETTER

TO: Registration Se Division of Cor	ction porations			
SUBJECT:	Nest STAN Name of Lim	ited Liability Company	Socutions	LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ro	Name of Person		
		Firm/Company		
	37 500+	h Judiana	Ave #103	
	Engleu	road Fr.	34223	
	E-mail address: (City/State and Zip Code Con		con,
For further information co	oncerning this matter, please co	•	(Carlott)	
Name o	AUNO	at (94) 976 Area Code Daytime	3 · 2/8 7 Telephone Number	
Enclosed is a check for the	e 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 Statu Certified Copy (additional copy is encle	

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

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LILOOO 72</u> Y This amendment is submitted to amend the following:	were filed on MAY 5TH 2014 and assigned of
A. If amending name, enter the new name of the limited liab	ility company here:
SA FE Money Financia The new name must be distinguishable and contain the words "Limited Liabi	L Souytions LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	37 South Indiana Aug Suite#103 Engle Wood Fz. 34223
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	37 South Indiana Ave Suite # 103 Englewood Fr. 34223
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
Name of New Registered Agent:	n Auno
New Registered Office Address: 37 Sout	h Indiana Ave Suite # 103 Enter Florida street address
¥.	1 all h 0 34723

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

)=	ed from our records: Manager		FILER		
_\$R = <u>e</u>	Authorized Member <u>Name</u>	<u>Address</u>	FILED 2016 DEC 15 PM 2:56	Type of Actio	
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record specifies The 90th day afte	a delayed effective of the record is filed.	ate, but not an ef	fective time, at 12:	01 a.m. on the earl	ier o
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	Signature of a	nember of authorized rep	resentative of a member		
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