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(Requestor's Name)	
(Address)	!
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
	<u>li</u>
(Document Number)	
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DIVISION OF BLOCK A LONG

COVER LETTER

TO: Registration of Division of	f Corporations'			
SUBJECT:	SAFE M Name	ONEY FINANCIAL of Limited Liability Company	Socutions	LLC
		1		
The enclosed Article	es of Amendment and fee(s) a	() re submitted for filing.		
Please return all cort	respondence concerning this n	natter to the following:		
		Ron Anno		
	37 500H	Indiana Ave., Address	#107	
		Address	·	
	Englew	City/State and Zin Code	4223	
		ron_anno@yAhoo). com	
		ess: (to be used for future annual report notif	ication)	
or further information	on concerning this matter, ple	ase call:		
Nau	on Anno me of Person	at (941) 615 Area Code Daytime	Telephone Number	
inclosed is a check f	or the following amount:	 		
\$25.00 Filing Fee	e S30,00 Filing Fee & Certificate of Statu		☐ \$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

SAFO Manou	Financia S. 1
(Name of the Limits	TIMANCIAL DOLUTIONS LLC ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li	1177.0
The Afficies of Organization for this Limited Lin	ability Company were filed onand assigned
Florida document number <u>L14000</u>	<u>7 12</u> 433
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
	A / 14
The new name must be distinguishable and contain the wo	ands "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	11
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX) WA SEP TO TO
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the name of the new see address here:
)
Name of New Registered Agent:	NIA
New Registered Office Address:	
	Enter Florida street address
	, Florida
In Darks I a see	City Zip Code
lew Registered Agent's Signature, if changing Reg	gistered 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.

or removed f	Authorized Person(s) authorized rom our records:	zed to manag	e, <u>enter the title,</u>	name, and addi	ess of each person being	added
MGR = Ma AMBR = Au	nager thorized Member					
<u>Title</u>	<u>Name</u>	<u> </u>	Address		Type of Act	<u>ion</u>
MGRM	ANFIAH MANAGEMENT Serzuices LLC	37,	South Indian	A Ave, #100,	Englewend Add	
		_			□ Remove	
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		<u> </u>				
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7. It differently any other information, enter change(s) here: (Allach additional sheets, if necessary:)
Amendelland RESTATED Articles of Organization
ANFIAH MANAgement Sonvices LLC MAS been
added as A second member and will serve In
the date of the most of and will serve in
The company will you File taxes As A partnership.
The company will wow File taxes As A partnership.
T LED
18 PH Z: 24
22
E. Effective date, if other than the date of filing: 2.8.17 (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 englisher address of the state
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 8.15.2017
D.W. C
Signature of a member or authorized representative of a member
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00