## 人14000088451

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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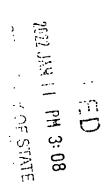
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## **COVER LETTER**

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	Registration Se Division of Cor							
OUD IE		SAFE SECURITY & CULTURAL CONSULTING LLC						
SUBJEC	1:	Name of Limi	ited Liability Company					
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.					
Please ret	turn all correspo	ndence concerning this matter	to the following:					
		Abdulqadir Saif						
			Name of Person					
		SAFE SECURITY & CUL	TURAL CONSULTING LLC					
		-	Firm/Company	<del></del>				
		8005 Hampton Lake Drive						
		Address						
		Tampa, Florida 33647						
		City/State and Zip Code						
		asaif2388@gmail.com						
		E-mail address: (	to be used for future annual report	notification)				
For furth	er information o	oncerning this matter, please c	all:					
Abdulqa	dir Saif		813 5054027 at ( )					
	Name o	f Person	Area Code Day	vtime Telephone Number				
Enclosed	is a check for the	he following amount:						
<b>■ \$</b> 25.	00 Filing Fec	☐ \$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 Addres		Street Address					
Registration Section Division of Corporations		Registration Section Division of Corporations						
	P.O. Box 632	=	The Centre of Tallahassee					
	Tallahassee,	FL 32314	2415 N. Mo	nroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE SECURITY & CULTURAL CONSULTING 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 \_\_\_\_\_\_ and assigned Florida document number 14000088451 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A&S Safe Trucking Services LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." NO CHANGE Enter new principal offices address, if applicable: NO CHANGE (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

## 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 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
			□ Change
			🗆 Add
			□ Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□ Remove
			□ Change

(If an e	tive date, if other than the date of filing:
he reco	ord 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 filed.
	01/04/2022
Date	1
	A
	Signature of a member or authorized representative of a member  Abdule adir Saif.  Typed or printed name of signee