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S. YOUNG

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 AUG -6 PM 6:02

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SAFE HARBOR PLACE, LLC

SUBJECT: _____
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:

Karl M. Schmitz, III, Esq.

Name of Person

Karl M. Schmitz, III, P.A.

Firm/Company

701 Enterprise Rd E., Suite 502

Address

Safety Harbor, FL 34695

City/State and Zip Code

karl@attorneytampa.com

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

For further information concerning this matter, please call:

Karl M. Schmitz, III, Esq.

727 450-0778

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAFE HARBOR PLACE, 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 JUNE 23, 2014 and assigned
Florida document number 11400010006613846

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:

13846 Atlantic Blvd., #208

(Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32225

Enter new mailing address, if applicable:

13846 Atlantic Blvd., #208

(Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32225

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

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

FILED
2020 APR -6 PM 6:02
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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>
AMBR	Sur, Eugene	14603 Beach Blvd., Suite 100	<input type="checkbox"/> Add
		Jacksonville, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sur, Irina	14603 Beach Blvd., Suite 100	<input type="checkbox"/> Add
		Jacksonville, FL 32250	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	EVER HOLDING, LLC.	13846 Atlantic Blvd., Suite 208	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated July 31 2020

Paul Schmitt
Signature of a notary

Signature of a member or authorized representative of a member

Karl M. Schmitz, III, Esq.

Typed or printed name of signee

Filing Fee: \$25.00