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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:





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SCRETARY OF STATE OF SIGNATIONS

Omend/ name change

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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJEC	-	vices International LLC				
	···	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Joshua Greinstein				
		DBA Marine First Respon	Name of Person ders			
		660 SW Bryant Ave.	Firm/Company 1 of 5			
		Stuart, Fl 34996	Address		 13	[* - : : : : : : : : : : : : : : : : : : :
		marinefirstresponders@gmz	City/State and Zip Code ail.com		12 C	
For furth	er information o	E-mail address: ()	to be used for future annual report no	tification)	AK 10: 1:8	15508 15508
	Greinstein	, i	(772) 485-5960 at ()		<u>:</u> ເນ	TATE SATIONS
	Name o	of Person		ne Telephone Number	_	-
Enclosed	is a check for t	he 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 Certificate of Certified Cop (additional copy	FStatus & ⊃ oy)

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 ORGANIZATION OF

Safety Services International LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our reco Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Condidated document number 1.14000129639	ompany were filed on 8/8/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Marine First Responders LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	660 SW Bryant Ave Stuart F	1. 34996
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		<u>, </u>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		THE PARTY OF THE P
		10. C. F. F. S. C. F.
B. If amending the registered agent and/or regis	tered office address on our recor	ds, enter the name of the ne
registered agent and/or the new registered office add	ress here:	, <u> </u>
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addr	ress
<u> </u>	, I	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

	~					
<u> </u>		 	~	~	•	 <u></u> -

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			□ Remove
			☐ Change
			□ Remove
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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 60	5.0207 (3)(
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	ed as the
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli) The 90th day after the record is filed.	er or:
Dated 3 / 21 2019	
Dated 5/2/ 2.0/19	
Signature of a member or authorized representative of a member	
Joshua Greinstein	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00