## L14 60016788

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
, PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
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SECRETARY OF STATE ALLANDSSEE FLORIDA

## **COVER LETTER**

Division of Corp		<b>t</b> ,	,
OSO SA	FE, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Andrew Dominguez		
		Name of Person	
	OSO SAFE, LLC		
		Firm/Company	
	3115 SE 7th Place		
		Address	
	Homestead, Florida	33033	
		City/State and Zip Code	
	uscg_guns@hotmail.	COM to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca		
Andrew Domingue	z	424 558-0905	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	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 OF

OSO SAFE, LLC
( <u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/27/2014 and assigned Florida document number L14000167888
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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> Address **Type of Action** MGR Victoria, R Dominguez 3115 SE 7th Place □ Add Homestead, Florida 33033 ■ Remove MGR 3115 SE 7th Place Andrew Dominguez ■ Add Homestead, Florida 33033 ☐ Remove **AMBR** Victoria, R Dominguez 3115 SE 7th Place ■ Add Homestead, Florida 33033 □ Remove \_□ Add □ Remove □ Add ☐ Remove

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ne effective date must be specific, cannot he date this document is filed by the Florid	be prior to date of receipt or filed date and canno	(optional) t be more than 90 days after
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ne effective date must be specific, cannot he date this document is filed by the Floridated November 25th	be prior to date of receipt or filed date and canno da Department of State)	t be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE