

215000014807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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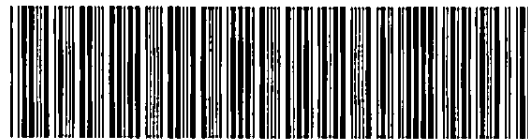
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B FIGUEROA

DEC 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BROAD SAFETY, "LLC"
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:

Sheldon Thomas
Name of Person

BROAD SAFETY, "LLC"
Firm/Company

2226 22nd Ave South
Address

ST. PETERSBURG, FL 33711
City/State and Zip Code

broad.safety@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheldon Thomas at 813 523-9131
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
OF**

(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 01/26/2015 and assigned Florida document number L15000014807.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

BROAD SAFETY, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1108 35th ST South
ST. PETERSBURG FL 33711

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:

JANICE DOYLE

New Registered Office Address:

1930 27th ST South

Enter Florida street address

ST. PETERSBURG

City

Florida

33712

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.

Janice Doyle

Changing Registered Agent, Signature of New Registered Agent

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>
MGR	LATUANA BLAIR	5860 31 ST N B109	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PRESTON AMELIA	2261 Union ST South	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DAILE ELPHONZA	1930 27 TH ST South	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33711	<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

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[illegible]

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 12/18/2017

Shelby Kline

Signature of a member or authorized representative of a member

Sheldon Thomas

Typed or printed name of signee

SECRET
TALLAHASSEE FL 32004
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