

L15000049614
Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAFE IBAY16 INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUL 15 2015
J. HARRIS

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

SAFEIBAY 16 INVESTMENTS, 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 March 19, 2015 and assigned
Florida document number 115000049614.

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:

460 NE 28th Street

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33137

Enter new mailing address, if applicable:

460 NE 28th Street

(Mailing address MAY BE A POST OFFICE BOX)

Miami, Florida 33137

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:

Corporate Maintenance Services, LLC

New Registered Office Address:

1000 Brickell Avenue Suite 400

Enter Florida street address

Miami

City

Florida 33131

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

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	Saulo M. De Almeida	428 NE 28th	☐ Add
		Miami, Florida 33137	☒ Remove
			☐ Change
AMBR	Fernanda M. De Almeida	428 NE 28th	☐ Add
		Miami, Florida 33137	☒ Remove
			☐ Change
MGR	Saulo Mendes de Almeida	460 NE 28th Street	☒ Add
		Miami, Florida 33137	☐ Remove
			☐ Change
MGR	Fernanda Mendes de Almeida	460 NE 28th Street	☒ Add
		Miami, Florida 33137	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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07/14/2015 13:07 5612968430

D. If unreading any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

(This area is intentionally left blank for additional information.)

II. Effective date, if other than the date of filing: _____ (optional)
 (If no 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 405.0207 (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.

If the record 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 record is filed.

Dated 07/10/15

SAULO M. MONTES DE ALMEIDA
 Signature of a member or authorized representative of a member

SAULO MONTES DE ALMEIDA
 Typed or printed name of signer



**SIGN
HERE**

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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