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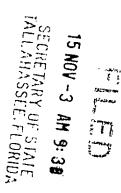
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COVER LETTER

TO: Registration Sec Division of Corp	tion porations	· 4 . *						
SUBJECT:	<u>Safeswype</u> Na	LLC.						
	/ Na	ime of Limited Liability	Company					
Dear Sir or Madam:								
The enclosed Statement of	of Correction and fee(s) are	submitted for filing.						
Please return ail correspo	ndence concerning this ma	atter to the following:						
Kye	Park Name of Person							
	Name of Person							
Kye's	Jewelry Firm/Company							
	Firm/Company/							
2705 NI	W 5th Aue							
	11001000							
Miani F	L 33127	1						
Cir	ty/State and Zip Code	_						
Kyepark E-mail address: (to	e me, com be used for future annual r	eport notification)						
For further information concerning this matter, please call:								
Kyo A	Dark	at 954	732 2013					
Name of	f Person	Area Code	732 2013 Daytime Telephone Number					
STREET/COURIER AI			AILING ADDRESS:					
Registration Section			gistration Section					
Division of Corporations Clifton Building			vision of Corporations D. Box 6327					
2661 Executive Center C Tallahassee, Florida 3230		Tal	llahassee, Florida 32314					
Enclosed is a check for t	the following amount:							
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy					

CR2E062 (9/15)

STATEMENT OF CORRECTION **FOR** FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	o section 605.0209, F.S., this docum	//	•	led document.	
<u>F1K51</u> ; 1.	he name of the limited liability comp	pany is: <u>July 250</u>	oype		<u> </u>
SECOND	The Florida Document numb	er of the limited liability	company is: L 150	000152544	
THIRD:	Document to be corrected is:	Registered	Agent No	âne	
	(CHECK THE APPROPRIAT	TE BOX AND COMPLI	ETE THE APPLICAE	BLE STATEMENT	
	ontains an incorrect statement. The atement are as follows:	managed	/		cted
	Park Kan	the Acquire	e KVP	ne. Paul	_
ė	lease change Ken		e"	IAE IS	_
<u>o</u>	<u>R</u>	•		NOV CRET AHA	ŝ.
	Vas defectively signed. The manner s follows:	in which the document w	as defectively signed a	P. F.	ection are
_				STATE ORIDA	
<u>o</u>	<u>R</u>	-			_
T	he electronic transmission of the rec	ord was defective.			
-	Signature of Authorized Re	presentative		Date	
	of new registered agent, if applicable the designation).	e:(NOTE: if correcting	the registered agent, the	e new registered agent r	must sign
I hereby a provisions obligation	stered Agent's Signature, if changing coept the appointment as registered of all statutes relative to the propers of my position as registered agent hange in the registered office addressinge.	agent and agree to act in and complete performan as provided for in Chapt	nce of my duties, and I deer 605, F.S. Or, if this deep the limited liability com	am familiar with and ac document is being filed	ccept the to merely
	Cer	Filing Fee: tified Copy:	\$25.00 \$30.00 (optional)		