L15000161411

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100304853291

10/28/17--01010--002 #25.00 17 27 28 #1 8: 49

OCT 27 2017

Y SULKER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	ECT: Sa Cely Towns LLC Name of Limited Liability Company
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Mrguel J. Zapata
	Name of Person 3617 E Mohawk Ave Firm/Company
	Firm/Company
	Address
	The man F1 33610 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person at (413) Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
2 \$2	25.00 Filing Fee Scrifficate of Status Status Scriffied Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Scriffied 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

Safely 101	Win LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>CCOOS3S6</u> 145		d
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	_	
Enter new principal offices address, if applicable:	3617 E Mohawk Ave	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	Tampa F1 33610	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he new
Name of New Registered Agent:	<u></u> 9	
New Registered Office Address:		
	Enter Florida street address	· - · · ·
	, 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

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> Name | <u>Address</u> Man Tahilack Kiture 8503 Tiaraforkuray DAdd

Tanja 9 33635, Bremove ☐ Change ☐ Remove __ Change ☐ Remove ☐ Change n. _□ **A**dd **四**探emove _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

		_						
					-			
						· 		
	 1		-		-			
	_					•		
	- -							
	-		•					
								<u>''}</u>
							•:	F\p ••°i
							· .	Z:
		<u> </u>						<u> </u>
							~.	64
	, if other than tl		·6·	<u> </u>	7	(option		
ote: If the dat	e is listed, the date meterinserted in this rective date on the	block does not i	meet the appl	icable statuto				
	ecifies a delay ay after the re			ot an effe	ctive time, a	at 12:01 a.	m. on th	ne earlier (
ated	i - 22 -	500: 1	 T4.	·				
ated/	; - 22 <u>-</u>	Manager of a	noember or au	thorized repres	entative of a me	mber		

Page 3 of 3

Filing Fee: \$25.00