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DIVINIO SE COMBATIONS TALLAHASSEE, FLORIDA RECEIVED
2022 JUN 20 AHII: 25

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 753909

AUTHORIZATION : Squell de man

COST LIMIT : \$ 30.00

ORDER DATE: June 17, 2022

ORDER TIME : 9:16 AM

ORDER NO. : 753909-005

CUSTOMER NO: 8372533

DOMESTIC AMENDMENT FILING

NAME: SAFEPORT PROPERTIES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

XX_____ PLAIN STAMPED COPY

XX ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

	Registratio Division of	n Section Corporations					
SURIFC	SAFE	ORT PROPERTIES, LLC					
JUDUEC		Name of Limited Liability Company					
The enclo	osed Article	s of Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all corre	espondence concerning this matter	to the following:				
		DONALD J. KAHN					
			Name of Person	Code Innual report notification) 865-4311 Daytime Telephone Number Fee & S60.00 Filing Fee, Certificate of Status &			
		KAHN AND KAHN P.L.					
The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: DONALD J. KAHN Name of Person KAHN AND KAHN P.L. FirmvCompany 1133 NORMANDY DRIVE Address MIAMI BEACH, FL 33141 City/State and Zip Code DONALD@KAHNANDKAHN I.AW E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SUSAN ROLLE Name of Person Name of Person SUSAN Code Daytime Telephone Number Enclosed is a check for the following amount:							
		1133 NORMANDY DRI	√E				
		· -	Address				
		MIAMI BEACH, FL 3314	41				
			City/State and Zip Code				
			•	ification)			
For furthe	r informatio	on concerning this matter, please c	all:				
SUSAN			305 865-4311				
	Nan	ne of Person	Area Code Daytin	ne Telephone Number			
Enclosed	is a check fo	or the following amount:					
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUN 20 AM 9: 18

	20עע אַטאָ 20	AM 0. 10
SAFEPORT PROPERTIES, LLC	SECRETARY y as it now appears on our records MINSOEL ability Company)	, 3. 18
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our reenrdi.)	विद्व ेष्ट । ४८ :
(A Plottes Li	antiny Company)	A Comment
The Articles of Organization for this Limited Liability Company v	vere filed on OCTOBER 9, 2015	und assigned
Florida document number L15000172697		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ly Company," the designation "LLC" or the abbrevia	tion "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 at agent and/or the new registered office address here:	idress on our records, enter the name of t	he new registered
Name of New Registered Agent:		
New Registered Office Address:		
TION ACRISIONAL VILLACIONALISA	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 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>	Address	Type of Action
MBR	GOLDEN SKY HOLDINGS Limited, AMALTA COMPANY	604 MELITA STREET	🖾 Add
		VALLETTA, VLT, VL 1122 MT	□Remove
			≡ Change
MBR	ELAINE HOLDINGS LIMITED, AMALTA COMPANY	604 MELITA STREET	
		VALLETTA, VLT, VL 1122 MT	□ Remove
			() Change
		·	□Remove
		,	□Change
			Remove
			🗆 Change
			☐ Change
			□ Add
		<u></u>	⊟Remove
			□ Change

Note:	tive date, if other than the date of filing: JUNE 7, 2022
he reco ord is f	ord 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 iled.
Dated	JUNE 15, 2022
	and the second of the second o
	Signature of a member or authorized representative of a member
	CARLOS TEIXEIRA
	Typed or printed name of signee

Filing Fee: \$25.00