# 1600014141

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S. YOUNG

### COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>Аде</u>	Safe Ame Name of Lim	RICA LCC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Steven 1	1. Bailey Name of Person	······
		CCESS, LCC Firm/Company	
		Firm/Company	
	4098 H	LEARTHSTONE DRI	Ut
	JANASO	na, EL 34238	福司已
	-SALASO: Agesafe Ame	City/State and Zip Code	
	E-mail address:	to be used for future annual report notifi	ication) 55
For further information co	ncerning this matter, please co	all:	ध्ने श
STEVEN A. Name of	RAILY	at ( <u>941</u> ) <u>786 -</u> Area Code Daytime	3 499 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$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 **ARTICLES OF ORGANIZATION**

Age Safe Amer	ILA, LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 1/20/20/6 and assigned
Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d-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 ADDRE	SS) SA 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	हिंदि ज
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	#Fw###################################
New Registered Office Address:	
	Enter Florida street address
	, Florida
Ninn, Phonhammia ia monato Otomoro del cer di cerca di ce	City Zip Code
New Registered Agent's Signature, if changing Registered A	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, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Household GUARDIANS, INC	993 C S. SANTA Fe Ave S	20 □ Add
		VISTA, CA 92083	Remove
		<del></del>	Change
			Add
			Remove
			Change
			□ Add
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date.  If the date inserted in this block does not meet the applicable sument's effective date on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.03
record specifies a delayed effective date, but not an he 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ed 1/19, 2016.	
, 55, 70	
Signature of a member or authorized	

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Filing Fee: \$25.00