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MAR 1 8 2016 S. YOUNG

COVER LETTER :

	fety Resource Management LLC			
SUBJECT:	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
	Carlos A. Somoza, Esq			
		Name of Person		
	Carlos A. Somoza, P.L.			F (0)
	***************************************	Firm/Company		15 F.
	8724 Sunset Drive, #313			
		Address		- 1 및 기업 - 1 기업
	Miami, Florida 33173			PH 2
	Name of Person Carlos A. Somoza, P.L. Firm/Company 8724 Sunset Drive, #313 Address Miami, Florida 33173 City/State and Zip Code jlh1111@yahoo.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call: os A. Somoza at (PH 2: 23		
		to be used for future annual report no	tification)	
For further informati	·	•	,	
Carlos A. Somoza				
Na	me of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check f	or the following amount:			
□ \$25.00 Filing Fe		Certified Copy	Certificate of State Certified Copy	

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

JLH Safety Resource Management, LLC			
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability Florida document number L16000016544	Company were filed on January 25, 2016	and assign	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company here:		
JLH Safety Resources, LLC			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	bbreviation: L.C.	25-71
Enter new principal offices address, if applicable:		موسد الأخير وريس وريس	强而
(Principal office address MUST BE A STREET ADD	ORESS)		<u> </u>
		70	장을뿐
		: ::	رن
Enter new mailing address, if applicable:		63	
(Mailing address MAY BE A POST OFFICE BOX)			7.4
	,		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	· —	r the name of	the new
Name of New Registered Agent:			
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

ancending 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** _□ Add _□ Remove _□ Change _ Add ☐ Remove Change □ Add ☐ Remove _ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

☐ Change

•	nding any other information, enter change(s) here: (Attach additional sheets, if necessary	(. v	
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If an effe <u>Note:</u> I	ve date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. If the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.	.) Pursuant to 605.6	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the earlie	r of
Dated _	03-09, 2016.		

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Typed or printed name of signee

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