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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	,





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SECRETARY OF STATE
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COVER LETTER

, Division of Corpo	rations			
SUBJECT: <u> </u>	TE SAFETY	Group, UC		
	Name of Lim	ned Elaonity Company		
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Milcette	Name of Person		-
	Elite SAFEY	Group, UC Firm/Company		-
	742/NW.	Miami PL		-
	Miami	City/State and Zip Code		_
		City/State and Zip Code		- — co— mb
	F-mail address: (t	o be used for future annual report notific	ration)	SECT SECT
For further information conc	cerning this matter, please ca	•	ationy	ALIAS ALIAS
Evens. N	l'Ice He	at (<u>786</u>) <u>377</u> Area Code Daytime	4737	ARY OF S
Name of Po	erson	Area Code Daytime	Felephone Number	**
				37 IDA
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & .Certificate of Status	Certified Copy (additional copy is enclosed)	Certified	te of Status &

MAILING ADDRESS:

TO:

Registration Section

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

Elite SAFety (
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) inted Liability Company)
The Articles of Organization for this Limited Liability ComFlorida document number 100028348	pany were filed on 2/10/2016 and assigned
This amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited	l liability company here:
the new name must be distinguishable and contain the words "Limited Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRES	Liability Company," the designation "LLC" or the abbreviation "L.L.C." (S)
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	
	ed office address on our records, enter the name of the r
egistered agent and/or the new registered office address	s here:
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

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
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The 90th day after the record is filed.	
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ated July 18 , 2016.	
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Signature of a member or authorized representative of a member Vens Mile Sy. Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00