

**LI4000033470**

Florida Department of State  
Division of Corporations  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SAFETYDESTINATION LLC**

Certificate of Status	0
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Page Count	04
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OCT 06 2017  
J. HARRIS

2017 OCT -5 AM 8:34

FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H17000262948

SAFETYDESTINATION LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L16000033470.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida street address*

City

Florida

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

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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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP	MADELEYVIS BORIS SUAREZ	19473 N.W. 87 COURT CIR.	<input type="checkbox"/> Add
		HIACLEAH, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MADELEYVIS BORIS SUAREZ	19473 NW 87TH COURT CIRCLE	<input checked="" type="checkbox"/> Add
		HIACLEAH, FL 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PR	LUIS MBIIAS	17527 NW 62 PLACE NORTH	<input type="checkbox"/> Add
		HIACLEAH, FL 33015	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NELSON COSTA	19473 N.W. 87 COURT CIR.	<input type="checkbox"/> Add
		HIACLEAH, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NELSON COSTA	19473 NW 87TH COURT CIRCLE	<input checked="" type="checkbox"/> Add
		HIACLEAH, FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	NELSON COSTA		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated OCTOBER 05

2017

Signature of a member or authorized representative of a member

NELSON COSTA

Typed or printed name of witness

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