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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | | |
|---|---|--|--|--|--|
| SUBJECT: Jose Stricture Designs, L.LC (Name of Limited Liability Company) | | | | | |
| The enclosed member, resignation or dissociation | and fee(s) are submitted for filing. | | | | |
| Please return all correspondence concerning this n | natter to: | | | | |
| Jula & Buscima (Contact Person) | | | | | |
| (Contact Person) | | | | | |
| Sype Structure Desgra, I SC. (Firm/Company) | | | | | |
| (Firm/Company) | | | | | |
| 13531 Bapher Soul Cl | | | | | |
| (Address) | | | | | |
| Mulson, If 34669 (City/State and Zip Code) | | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| (Name of Contact Person) at (| 727 809.1146 | | | | |
| (Name of Contact Person) (A | Area Code & Daytime Telephone Number) | | | | |
| Enclosed please find a check made payable to the ☐ \$25 Filing Fee ☐ \$ | Florida Department of State for: 55 Filing Fee & Certified Copy | | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | | |
| Registration Section | Registration Section | | | | |
| Division of Corporations | Division of Corporations | | | | |

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

TO ARTICLES OF ORGANIZATION OF

| SAFE STRUCTURE DESIGNS, I | LLC | | | | | |
|---|--|--|---------------------------|--|--|--|
| (Name of the Lim | ited Liability Compa (A Florida Limited | any as it now appears on our records.) Liability Company) | | | | |
| The Articles of Organization for this Limited Liability Company were filed on and assigned and assigned | | | | | | |
| This amendment is submitted to amend the fol | lowing: | | | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | | | | |
| N/A | | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity 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) | | 13537 GOPHER POND CT | | | | |
| | | HUDSON, FL 34669 | | | | |
| Enter new mailing address if applicables | | 13537 GOPHER POND CT | | | | |
| Enter new mailing address, if applicable: | | HUDSON, FL 34669 | . 0 | | | |
| B. If amending the registered agent and | | ffice address on our records a | on the name of the ne | | | |
| registered agent and/or the new registered of | office address her | e: | No To | | | |
| Name of New Registered Agent: | JOHN BUSCE | EMA | 24 Million | | | |
| New Registered Office Address: | 13537 GOPHE | ER POND CT | | | | |
| THE REGISTER OFFICE Address. | · · · · · · · · · · · · · · · · · · · | Enter Florida street address | | | | |
| | HUDSON | , Floric | 34669 la | | | |
| | | 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

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| ffective date, if other than the date of filing: | (optional) | 7 |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory file ocument's effective date on the Department of State's records. | more than 90 days after filing.) Purse | Sent to 605.0207 (3) ot be listed as the |
| e record specifies a delayed effective date, but not an effective The 90th day after the record is filed. | e time, at 12:01 a.m. on th | ne earlier of: |
| 09/30/2016 | | |
| Pated, | | |
| ATA | | |
| Signature of a member or authorized representati | ve of a member | |
| Signaphic of a member of auditorized representati | TE OF A INCHIDE! | |
| JOHN BUSCEMA | | |
| Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---|------------------------|----------------|
| MGR | DINA GORBY | 15039 TALL TIMBER BLVD | □ Add |
| | | HUDSON, FL 34669 | |
| | | | ■ Remove |
| | | | Change |
| MGR | JOHN BUSCEMA | 13537 GOPHER POND CT | ⊿ Add |
| | | HUDSON, FL 34669 | |
| | | | Remove |
| | | | Change |
| | | <u> </u> | |
| | | | ☐ Remove |
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