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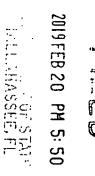
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Office Use Only



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C. GOLDEN FEB 2 5 2019

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	SAFETY FIRST FINANCIAL GRO
20091	Name of Limited Liability Company
	\mathcal{U}
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	ROBERT BUTMANKIEWICZ
	SAFETY FIRST BINANCIAL GROUP, LLJ
	4150 KEY LIME BLVD
	BOYNTON BeacH FL 33436
	BOYNTON BOYCH EC 33436 City/State and Zip/Code City/State and Zip/Code
For fur	rther information concerning this matter, please call:
<u>0B</u>	FRI BUT MANLICWICZ at (561, 704-150) Name of Person Name of Person Name of Person Name of Person
Enclos	sed is a check for the following amount:
□ \$2	5.00 Filing Fee \$\ \begin{array}{c ccccc} \$30.00 Filing Fee & \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

SAFETY FIR\$1	ompany as it now appears on our recornited Liability Company)	GROUP, LLC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our recornited Liability Company)	<u>rds.</u>) .
The Articles of Organization for this Limited Liability Completion of Complete Compl	pany were filed on 3	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited SAFETY ST F-INANC The new name must be distinguishable and contain the words "Limited"		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		20 PH S
(Mailing address MAY BE A POST OFFICE BOX)		50
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	vss
 .		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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			Add

_ Change

_	
an effec <u>ote:</u> If	e date, if other than the date of filing:
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00 th day after the record is filed.
ated _	FeB 5 2019
	Robert Bel
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00