

**L16000 105075**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

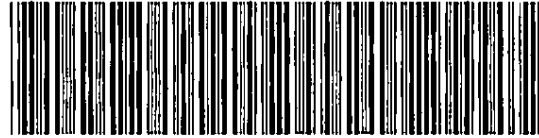
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
2019 FEB 20 PM 5:50  
TALLAHASSEE, FL  
CLERK OF COURT

C. GOLDEN

FEB 25 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

SAFETY FIRST FINANCIAL GROUP,  
LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT BUTMANKIEWICZ

Name of Person

SAFETY FIRST FINANCIAL GROUP, LLC

Firm/Company

4150 KEY LIME BLVD

Address

BOYNTON BEACH FL 33436

City/State and Zip Code

ROBE SAFETY1ST FINANCIAL GROUP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BUTMANKIEWICZ at (561) 704-1502

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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

SAFETY FIRST FINANCIAL GROUP, LLC

The Articles of Organization for this Limited Liability Company were filed on 5-31-2016 and assigned Florida document number L16000105075

SAFETY 1ST FINANCIAL GROUP, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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[illegible]

(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)

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 FEB 5, 2019

Robert Bell

Signature of a member or authorized representative of a member

ROBERT BUTMAN Kiewit

Typed or printed name of signer