# L14000182365

(Req	uestor's Name)		
(Add	ress)		
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(City.	/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificate	s of Status	
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U. HARRIS

## **COVER LETTER**

10: Registration Section Division of Corporations							
SUBJECT: SAFETY HARBUR HOME 1 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:							
Domenic Di Fante Name of Person							
Safety Harbor Home 1 LLC Firm/Company							
4314 Harbornatch LN							
Address							
Lutz Fla 33558  City/State and Zip Code							
City/State and Zip Code							
dennuce(8,00), LDM							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Domenic Difante at (813), 240-0807  Name of Person Area Code Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sa Fety Harbor Home 4 LLC  Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)					
he Articles of Organization for this Limited Liability Company were filed on 9-30-16 and assigned lorida document number 31-40-18270 LIGOO182365					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liability company here:					
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS,  TAMPA FL 336246					
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  Thups, FL, 33626					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new					
Name of New Registered Agent:					
New Registered Office Address:  Enter Florida street address					
Florida Zin Codes					

#### 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 $AMBR = A$	MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
			Add			
			□ Remove			
			☐ Change			
			Add			
			Remove			
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			Add			
			Remove			
			□ Change			
	·		□ Remove			
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D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an eff Note: docum	ive date, if other than the date of filing: 10-12-2016 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pt If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	il not be list	ed as the
Dated	10-12-2016		
24.02	Signature of a member or authorized representative of a member	<del>30</del> <b>31</b>	·
	Domenic Di Fante	<del>-</del> 1	
	Typed or printed name of signee		
	D 2 . 62	PH 12: 35	
	Page 3 of 3		*-

Filing Fee: \$25.00