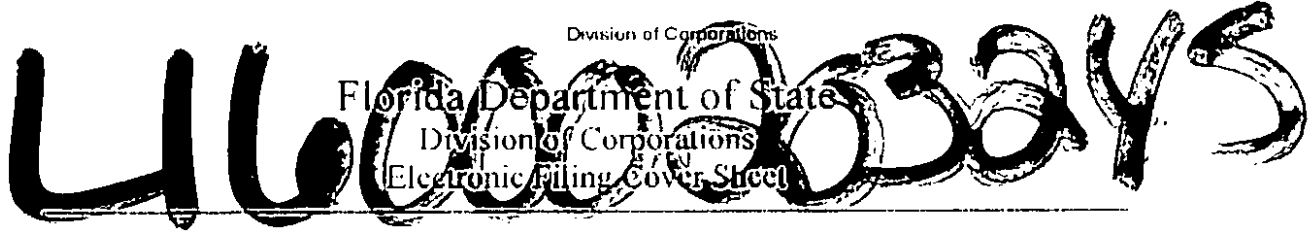


10/24/2019



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000315390 3)))



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To:  
 Division of Corporations  
 Fax Number : (850)617-6383

From:  
 Account Name : LEGALZOOM.COM INC.  
 Account Number : 120010000062  
 Phone : (323)962-8600  
 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 FLORIDA OSIA, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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TO: +13239824521 P. 2

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA OSHA, 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:

Cheyenne Moseley  
 \_\_\_\_\_  
 Name of Person

Legatzoom.com, Inc.  
 \_\_\_\_\_  
 Firm/Company

101 N Brand Blvd 11th Fl  
 \_\_\_\_\_  
 Address

Glendale, CA 91203  
 \_\_\_\_\_  
 City/State and Zip Code

mmahoney777@gmail.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley \_\_\_\_\_ at ( 800 ) 773-0988  
 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

10/18/2019 7:34 PM FROM: Staples

TO: +13239624521 P. 3

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2019 OCT 24 P 12:32

FLORIDA OSHA, LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/04/2016 and assigned  
Florida document number L16000203243.

This amendment is submitted to amend the following:

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

Eastec Safety LLC

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*

\_\_\_\_\_, 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

10/18/2019 7:34 PM FROM: Staples

TO: +13239624521 P. 4

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>
MGR	Michael P. Mahoney	37 Harbour Isle Drive East, Unit PH5	<input type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Michael P. Mahoney	37 Harbour Isle Drive East, Unit PH5	<input checked="" type="checkbox"/> Add
		Fort Pierce, FL 34949	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Dory Aguero	Dory Aguero	<input type="checkbox"/> Add
		37 Harbour Isle Drive East, Unit PH5	<input type="checkbox"/> Remove
		Fort Pierce, FL 34949	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

