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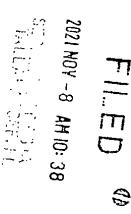
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C. BRUMBLEY

COVER LETTER

Registration Section Division of Corporations

TO:

SAFETY! SUBJECT:	NET GROUP LLC		
30bJEC1	Name of Lin	nited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michael Zalkind		
		Name of Person	
	SafetyNet Group LLC		
		Firm/Company	·
	1685 Lee Rd. Suite 201		
		Address	
	Winter Park, FL 32789		
		City/State and Zip Code	
	MichaelZalkind@Safetynet	inv.com	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Michael Zalkind		407 719-0899 at ()	
Name	of Person		ne 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SAFETYNET GROUP LLC

The Articles of Organization for this Limited Liability Company were filed on December 14, 2016 Florida document number L16000225890 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the second office address 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 results of the second		and assign	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the second of the limited Liability Company, the designation "LLC" or the limited Liability Company, the l	he abbrevia	ition "L.L.C	,
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the second of t	he abbrevia	ition "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 page 1.1.	he abhrevia	ition "L.L.C	
(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 temporal principal of the second			
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 texts.			
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the t			
agent and/or the new registered office address here:	name of t	2021 NOV -8 AM 10mew C	TI- Dregist
Name of New Registered Agent: Michael Zalkind			
New Registered Office Address: 2454 Middleton Ave		. <u> </u>	
Enter Florida street address			
Winter Park Florida	32789		
City	Ziį	n 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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Michael Zalkind		□Add
			□Remove
		2454 Middleton Ave. Winter Park, FL 327	92 ■Change
AMBR	Avihai Sela		
			□Remove
		295 NE Ivanhoe Blvd #909 Orlando, Fl, 32	2804 EChange
			□Add
			□ Remove
			□Change
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ffective date, if other than the data an effective date is listed, the date must bote: If the date inserted in this block ocument's effective date on the Department.	i te of filing: specific and cannot be p does not meet the ap	plicable statutory f	(optional) or more than 90 days after filing.) Iling requirements, this date w	Pursuant to 605,020 vill not be listed a
record specifies a delayed effective of is filed.	ate, but not an effective	ve time, at 12:01 a.	m. on the earlier of: (b) The	90th day after the
N	202.			
November 4				
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	Micha	el Zalkind		
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