

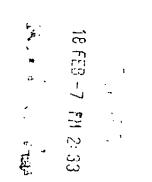
(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Nan	ne)
(Document Number)	
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## **COVER LETTER**

SUBJECT:	-	k-Safe LLC.	
		ited Liability Company	·····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Osmond A Patterson		
		Name of Person	
	Quick-Safe LLC.		
		Firm/Company	1
	3956 NW 5th Drive,		
		Address	
	Deerfield Beach, Fl, 33442	2	
	·	City/State and Zip Code	
	osmondp@hotmail.com		
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Osmond A Patterson		734 262 3989 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section Division of Corporations

> 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

Quick-Safe LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	<mark>any as it now appears on our re</mark> Liability Company)	cords.)
he Articles of Organization for this Limited L lorida document number L17000059026		were filed on March 14, 20	and assigned
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	oility company here:	
he new name must be distinguishable and contain the v	vords "Limited Liab	ility Company," the designation "	'LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:		N/A	, <u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and egistered agent and	_		ords, enter the name of the
Name of New Registered Agent:	N/A	_	
New Registered Office Address:	N/A		<del></del>
		Enter Florida street ac	
	<del> </del>	City	, Florida 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 = Manager AMBR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
Julie Patterson	5228 Applewood Dr. Ypsilanti, Ml	■ Add
		☐ Remove
		☐ Change
		Remove
		Change
		→ □ Add
		Remove
		Change) ့ ယ Add
		Add Add
		□ Remove
		Change
	<del></del>	□ Add
		🗆 Remove
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		□ Add
		Remove □ Change

•	N/A
	•
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	्रा हो इ.स. इंटे
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race.	ing days if ask on the day of films.
. r.me (Ifan	ive date, if other than the date of filing: (optional) lective 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 605.020
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Date	, ·,
	Signature of a member or authorized representative of a member

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Typed or printed name of signee

Filing Fee: \$25.00