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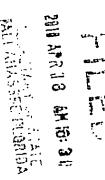
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Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: 5A	FEBOCAREALT Name of Limite	Y.COM LLC. d Liability Company	
The enclosed Articles of Ame	endment and fee(s) are submi	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
-	Dannal	Z Proenza	
-	Safeba	Careaty: Con Ll	
-	9858	Glades Road	D3-103
	Boa	Raton, 72 3343	34
_	Canaliz E-mail address: (to	City/State and Zip Code Code	He COM
For further information conce	rning this matter, please call	:	
Dan Mall Z F	WOLNZA son	at (50) 777-6 Area Code Daytime Te	2848 Jephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee □	330.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFEBOCAKE	ALTY. ('()M LLC	•		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 5/15/20	<u> </u>	nd ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
-				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviat		L.C."
Enter new principal offices address, if applicable:			2018	E3-17-
Principal office address MUST BE A STREET ADDRESS)		2	327	electure,
		3637	с ОО	Passa.
		(1); (1); (2)	¥-	Emery and
Enter new mailing address, if applicable:		<u> </u>	<u>西</u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u></u> 전:::	80	
B. If amending the registered agent and/or registered of	· —	er the i	name	of the n
egistered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City	Ziţ	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

Title Address Name Type of Action Proenza Dannaliz ☐ Change Proenza, Michael ☐ Change Proenza, Dannaliz ☐ Change ☐ Remove ☐ Change ☐ Remove ☐ Change

		
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		<u>. </u>
fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursua equirements, this date will no	ant to 605.0207 of be listed as
realised is creedise date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective tim The 90th day after the record is filed.	e, at 12:01 a.m. on the	e earlier of
ated <u>APN 16</u> , 2018.	발 년	201
	المنت. المراجعة المراجعة المناجعة ا	35-
Signature of a member or authorized representative of	a member	
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Typed or printed name of signee		. Go 🥰

Page 3 of 3

Filing Fee: \$25.00