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(Re	equestor's Name)	
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## COVER LETTER

Registration Section
Division of Corporations

SUBJECT:	Safion, LLC		_
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sand	Name of Person	
	Safi	on, LLC	
	2046 Treasur	e Coast Plz # A34	tle
	Vero	Blach, FL 3	2960
	Sand E-mail address: (	Address  Blach, FL 3  City/State and Zip Code  Y O The housing to be used for future annual report not	league, org
For further information co	ncerning this matter, please ca	all:	
Sandy Name of	Flick	at ( <u>773</u> ) 331.  Area Code Daytim	1314 e Telephone Number
Enclosed is a check for the	e 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 S Division of Co	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations
Tallahassee, F			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	Company as it now appears on our records.) mited Liability Company)
(À Florida Lir	mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	npany were filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
***************************************	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbreyiation "LLC."
Enter new principal offices address, if applicable:	20 AG 71
(Principal office address MUST BE A STREET ADDRES	SS)
	9 9
Enter new mailing address, if applicable:	
•	m VI
(Mailing address MAY BE A POST OFFICE BOX)	
R If amending the registered agent and/or registered of	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
	1000.1
Name of New Registered Agent:	Jeff Flick
304	6 Treasure Coast P/2 # A346
New Registered Office Address: QUY	Enter Florida street address
Nov	to Black 32960
	to Blach Florida 32960 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mar.	Jeff Flick	2046 Treasure Coast P/2 Ste A346	RAdd .
		Ste A346	□Remove
		Vero Beach, FL 32960	
			□Add
			□Remove
			□Change
		<u> </u>	□Add
		MASSESTALE STANKE STANKE	Change Add
		STAN S	□Remove
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	ate, if other than the date (	of filing:		(optional)	
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