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COVER LETTER

TO: Registration S Division of Co		••	
Subject:	Homes, LLC	•	
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Anthony Valentino		
		Name of Person	
	Safe IRA Homes, LLC		
		Firm/Company	
	1219 S. East Avenue, Suit	te 304	
		Address	· <u>·</u>
	Sarasota, FL 34239		
	 	City/State and Zip Code	 ,
	anthony@safeirainvestmen	,	
	E-mail address:	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please of	all:	
Anthony Valentino		216 970-6497 at()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ S30.00 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 Addres		Street Address:	
Registration Section		Registration Sect	tion
Division of C	ornorations	District CO	. •

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Safe IRA Homes, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 4, 2018 _____ and assigned Florida document number 82-3871726 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 abbreviation "LLC." 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

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

__, Florida ___

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

221 SE 13 AN 7: 59

MGR Judson T. Villa 1219 S. East Avenue Sarasota, FL 34239	ŀ
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amending any other information, enter change(s	7:182 B AH 7:59
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effective date is listed, the date must be specific and cannot be	e prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
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cord specifies a delayed effective date, but not an effecti : filed.	tive time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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ed 9/8/204 / / / /	
1-111	 -
Signature of a member or	authorized representative of a member
A	
Anthony Valentino, Manager	

Filing Fee: \$25.00