

L18000023287

Florida Department of State
Division of Corporations
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Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAFE HAVEN INVESTMENT TEAM, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

DEC 19 2018

A. LUNT

2018 DEC 13 PM 9:31

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SAFE HAVEN INVESTMENT TEAM, 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 01/26/2016 and assigned
Florida document number L18000023287

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)

4501 Tamiami Trail North

Suite 419

Naples, Florida 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4501 Tamiami Trail North

Suite 419

Naples, Florida 34103

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:

David M. Jones

New Registered Office Address:

4501 Tamiami Trail North, Suite 419

Enter Florida street address

Naples

City

Florida 34103

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

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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>	<u>Type of Action</u>
MGR	Meagan Brower	252 Harbor Drive	☐ Add
		Winter Garden, FL 34787	☒ Remove
			☐ Change
MGR	David M. Jones	4501 Tamiami Trail North, Suite 419	☒ Add
		Naples, FL 34103	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated September 5, 2018

Handwritten signature: *Handwritten signature*

Signature of a member or authorized representative of a member

Unda Bradford, Manager of Yorkshires Properties, LLC, Member

Typed or printed name of signer

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Filing Fee: \$25.00

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