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TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations			
Safe Live F	Products & Services Lle		
	Name of Lim	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:	
	Esteban C Martinez del Pir	າບ	
		Name of Person	
	Safe Live Products & Serv	ices Llc	
		Firm/Company	
	3710 Metro Pkwy Apt 141	0	
		Address	
	Fort Myers, Florida. 33916		
		City/State and Zip Code	
	martinezesteban383@gmail		
	E-mail address: ((to be used for future annual report notific	ation)
For further information c	oncerning this matter, please ca	ill:	
Esteban C Martinez del Pino		33916 (786)803-1314	
Name o	f Person	Area Code Daytime	Felephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

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

SAFE LIVE PRODUCTS & SERVICES LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number L18000050215	pany were filed on February 26, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	(S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLAHASSEE, FL
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r the name of the Degi-
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	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>	Address	Type of Action
AMBR	Esteban C Martinez del Pino. Sr	3710 Metro Pkwy Apt 1410 Fort M	Add
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ffective date, if other than an effective date is listed, the date	the date of filing:	annot be prior to de	 ate of filing or mo	ore than 90 days at	otional) Ber filing) Pursuant t	o 605 0207 i
Sote: If the date inserted in this	s block does not mee	et the applicable	statutory filing	requirements, t	his date will not be	: listed as t
ocument's effective date on the	: Department of Sta	te s records.				
e record specifies a dela The 90th day after the i		te, but not ar	n effective ti	me, at 12:01	l a.m. on the e	arlier of:
March 24		2018	\			
	 	KINZ.	\mathcal{I}			
	7	July 1				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00