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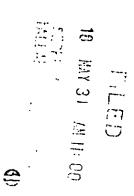
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Regustration Sec Division of Corp					
		ce Safety Awareness LLC				
SUBJE	СТ:	Name of Lim	Name of Limited Liability Company			
		Amendment and fee(s) are sub ndence concerning this matter Lori Fiorino			RECEIVED 99	(B
			Name of Person			47
		Missing Piece Safety Awar				
			Firm/Company		-	
1070 Montgomery Rd 20622180						
			Address		-	
Altamonte Springs, Florida 32714						
City/State and Zip Code missingpiecesafety@gmail.com			-			
		E-mail address: (to be used for future annual report notifi	ication)		
For furt	ther information co	oncerning this matter, please ca	all:			
Lori Fi	orino		843 638-7582			
	Name of	f Person	Area Code Daytime	Telephone Number	T	
Enclose	ed is a check for th	ne following amount:				
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
		ING ADDRESS: ation Section	STREET/COURI Registration Section			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Missing Piece Safety Awareness LI			
(Name of the Limit	ted Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)	-
The Articles of Organization for this Limited L Florida document number $\frac{L18000103700}{L18000103700}$	iability Company were filed on 4/24/20	018	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company here:		55
he new name must be distinguishable and contain the v	vords "Limited Liability Company," the design	nation "LLC" or the al	obreviation 51L.C."
Enter new principal offices address, if applic	able:		-
Principal office address MUST BE A STREE	<u> </u>		12 m
			3
Enter new mailing address, if applicable:			9
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
3. If amending the registered agent and egistered agent and/or the new registered o	~	ır records, <u>enter</u>	the name of the
Name of New Registered Agent:	Loriana Fiorino		
New Registered Office Address:	1070 Montgomery Road 20622180 Enter Florida :		
	Altamonte Springs	, Florida	32714
	City		Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =. Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Loriana Fiorino	1070 Montgomery Road 2206221	
		Altamonte Springs, Florida, 32714	A dd
			Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			
			Remove
			Change
			Remove
			☐ Change

. C	hanging name from Lori Fiorino to Loriana Fiorino	
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	4/25/2018	
fecti	ve date, if other than the date of filing: (optional)	
ote:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuar If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not	
ocume	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	e earlier o
ated_	5/14/2018	
	Low to	
	Signature of a member of authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00