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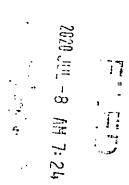
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AUG 1 9 2020 S. YOUNG

COVER LETTER

TO:

TO: Registratio Division of	n Section Corporations		
Shipma	an Safer, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Article	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corr	espondence concerning this matter	to the following:	
	Davey T. Jay, Esq.		
		Name of Person	
	Meehle & Jay, PA		
		Firm/Company	
	1215 E Concord Street		
		Address	
	Orlando, FL 32803		
		City/State and Zip Code	
	aaron@safer.enterprises		
	E-mail address: (to be used for future annual report not	ification)
For further informati	on concerning this matter, please c	all:	
Davey T. Jay		407 792-0790	
Na	me of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filing Fe	e □ \$30.00 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 Ad		Street Address:	netion
	on Section of Corporations	Registration Se Division of Co	
P.O. Box		The Centre of	•
Tallahass	ee, FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shipman Safer, LLC

(Name of the Limited)	Liability Company as it now appears on our recor Florida Limited Liability Company)	rds.) . 2021
The Articles of Organization for this Limited Liabs Florida document number L18000213615	ility Company were filed on 09/07/2018	and assigned
This amendment is submitted to amend the following	ing:	AN T
A. If amending name, enter the new name of th	e limited liability company here:	, 2 t
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		•
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered office address h		er the name of the new register
Name of New Registered Agent:	·····	
New Registered Office Address:		
New Registered Office Address:	Enter Florida street addr	ess

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 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
AMBR	Aaron Safer	100 S Eola Drive #200	□Add
		Orlando, FL 32801	Remove
		····	□Change
AMBR Aaron Safer Enterprises, LLC	100 S Fola Drive #200	≣ Add	
		Orlando, FL 32801	Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Remove
			Change

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ective date, if other than the effective date is listed, the date in e: If the date inserted in this ument's effective date on the	block does not meet the app	licable statutory filing	(option: ore than 90 days after file requirements, this d	al) ing.) Pursuant to 605,020 ate will not be listed a
cord specifies a delayed effect s filed.	ive date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
June 3	. 2020	·		
Aaron Safer				
Aaron Safer DaygavsmeryaAhmenhebbom	Signature of a member or au	thorized representative	of a member	