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COVER LETTER

SUBJECT.	SAFE-TVIG	IL LLC			
SUBJECT:		Name of Lim	ited Liability Company	_	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		DAVID WOODLEY			
		SAFE SAVE-TVIGIL LLC	Name of Person		·
		1257 SW MARTIN HWY	Firm/Company #1564	<u> </u>	
		PALM CITY, FL 3499	Address I		
		DAVID.WOODLEY@SAF			
			o be used for future annua	al report notificati	on)
For further in	ntormation co	ncerning this matter, please ca	ill:		
CASEY HU	TCHESON		772 8	00-9102	
	Name of	Person	Area Code	Daytime Tel	ephone Number
Enclosed is a	check for the	e following amount:			
□ \$25.00 F	iling Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations

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 ARTICLES OF ORGANIZATION **OF**

SAFE-TVIGH, 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 $\frac{01/0}{}$	8/2019	and assigned;
Florida document number L19000010396	·			
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the abl	oreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1257 SW MARTI	N HWY #1564	
(Principal office address MUST BE A STREET ADDRESS)		PALM CITY, FL 34991		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1257 SW MARTIN HWY #1564		
		PALM CITY, FL	34991	
			· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and registered agent and/or the new registered of	office address her	<u>e</u> :	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	CASEY HUTC	CHESON	·	
New Registered Office Address:	1257 SW MARTIN HWY #1564			
•	Enter Florida street address			
	PALM CITY		, Florida ³⁴⁹	91
		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
MGR	CASEY HUTCHESON	1257 SW MARTIN HWY #1564 PALM CITY, FL 34991	
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Add
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ffective date, if other than the	date of filing: (option	mal)
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
ocument's effective date on the De	ck does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as
e record specifies a delayed	effective date, but not an effective time, at 12:01 a	.m. on the earlier o
The 90th day after the reco	rd is filed.	
APRIL I	2019	
ated		
	Market 1	
	signature of a member of authorized representative of a member	
	1.111	

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Filing Fee: \$25.00