(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
_	_	
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Naπ	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Eiling Officer	
opeoidi instituctions to t	ming officer.	

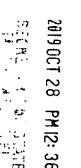
Office Use Only

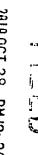


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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJI	SAFE-TVI	GIL LLC		
SUBJI		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		DAVID WOODLEY		
			Name of Person	
		SAFE-TVIGIL LLC		
			Firm/Company	
		1257 SW MARTIN HWY	• -	
			Address	
		PALM CITY, FL 34991		
		DAVID.WOODLEY@SAF	City/State and Zip Code FE-TVIGIL.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please ca	all:	
DAVI	D WOODLEY		954 918-5199	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
⊋ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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-TVIGIL LLC			
(Name of the Lim	ited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited I Florida document number		e filed on	and assigned
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)		190
	<u> </u>		
			00
Inter new mailing address, if applicable:			P M
(Mailing address MAY BE A POST OFFICE BOX)			· · · · · · · · · · · · · · · · · · ·
			- 1년 - 1년 - 1년
B. If amending the registered agent and egistered agent and/or the new registered of		address on our records,	enter the name of the ne
Name of New Registered Agent:	DAVID WOODLEY	(
New Registered Office Address:	1257 SW MARTIN	HWY #1564	
	<u></u>	Enter Florida street address	
	PALM CITY	Flor	34991
		City	Zin Coole

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>	<u>Address</u>	Type of Action
MGR	CASEY HUTCHESON	1257 SW MARTIN HWY #1564	
		PALM CITY, FL 34991	
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Remove
			Change
		Add	
			Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove

	·
Effor	10/1/2019
Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	10/11/2019.
	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00