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04/22/19--01039--008 **25.00





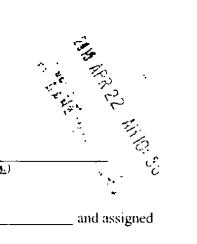
COVER LETTER

TO:	Registration Se Division of Co		į	·
SUBJE		ERPRISES LLC		
SUBJE	Cr	Name of Lin	nited Liability Company	- 1082c
				, , , , , , , , , , , , , , , , , , ,
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	- T
Please r	eturn all correspo	ondence concerning this matter	to the following:	,,
		CHRIS SAFI		i.
		SAFI CAPITAL LLC	Name of Person	
			Firm/Company	
		5548 SANDBIRCH WAY	• •	
			Address	
		LAKE WORTH FL 33463	3	
		CHRISSAFI777@GMAIL.	City/State and Zip Code COM	
		E-mail address: (to be used for future annual report notif	lication)
For furt	her information o	concerning this matter, please c	all:	
CHRIS			954 263-0501 at ()	
	Name c	of Person	Area Code Daytimo	: Telephone Number
Enclose	d is a check for t	he following amount:		
\$25.	.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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SAFLENTERPRISES 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 of	vere filed on 04/05/2019 and assigned
Florida document number L19000094396	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
SAFI CAPITAL LLC	
The new name must be distinguishable and contain the words "Limited Liabilia	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<u> </u>	
B. If amending the registered agent and/or registered off	ice address on our records, enter the name of the ne
registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Pladress.	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 provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addeor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		<u></u>	
		\	□ Remove
\			Change
			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Add
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			Change

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Page 3 of 3

Filing Fee: \$25.00