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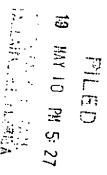
(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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O SIMMONS
JUN 0 3 2019

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:	Safe Trave	Needs	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Teej	Name of Person	
	Safe	Travel Needs Firm/Company	
	3544	N University Address	Dr
	Coral Sp	City/Sate and Zip Code Fetravel needs. To be used for future annual report notiti	065
	lee Q S a	fetrasel needs.	Co M
For further information c	roncerning this matter, please co		
Teejvana Name	Person	at (<u>678)</u> 663 Area Code Daytink	- 9651 : Telephone Number
Enclosed 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 radditional 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

Date Travel N	Seeds LC
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 6 19000 1 25 30	were filed on April 24, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	oility company here:
	·: · 🙃
The new name must be distinguishable and contain the words "Limited Liab	thty Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	27
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>

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

MGR = M AMBR = A	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
Mar	Teejvana Young	3544 N University Di Coral Springs, FL 3306	<u> </u>
	-	Coral Springs, FL 3306	S □ Remove
			Change
			□ Remove
		·	Change
		· · · · · · · · · · · · · · · · · · ·	
			. ☐ Remove
			Change
			
			Remove
			☐ Change
			🗅 Add
			□ Remove
			Change
		 	
			□ Remove
			☐ 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:

	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
	P. C.
	· · · · · · · · · · · · · · · · · · ·
Tective date, if other than the date on effective date is listed, the date must be speoter. If the date inserted in this block document's effective date on the Department.	citic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, es not meet the applicable statutory filing requirements, this date will not be liste
e record specifies a delayed effec The 90th day after the record is	ctive date, but not an effective time, at 12:01 a.m. on the earlie filed.
ned <u>May</u> 8	
·	are of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00