

L19 000 128 001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

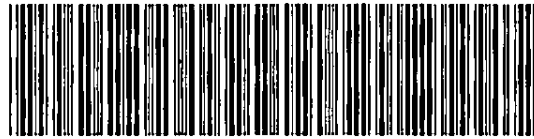
(Business Entity Name)

(Document Number)

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FILED

2019 AUG 14 AM 11:46

C. GOLDEN

AUG 15 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFEPOINT ILF LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nate Jessup  
Name of Person

SAFEPOINT ILF LLC  
Firm/Company

600 Cleveland St Ste 343  
Address

Clearwater FL 33755  
City/State and Zip Code

nate.jessup@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nate Jessup at ( 727 ) 743 5213  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

**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

RECEIVED  
JUL 12 2019

RECEIVED  
2019 JUL 15 PM 2:06



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2019

NATE JESSUP  
600 CLEVELAND STREET  
SUITE 343  
CLEARWATER, FL 33755

SUBJECT: SAFEPOINT ILF LLC  
Ref. Number: L19000128001

We have received your document for SAFEPOINT ILF LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 119A00015111

*Enclosed*  
*Thank you*  
*[Signature]*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

SAFEPOINT ILF LLC

2019 AUG 14 AM 11:46

(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 MAY 13, 2019 and assigned  
Florida document number L19000 128001

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability 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)

600 Cleveland St Ste 343  
Clearwater FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

600 Cleveland St. Ste 343  
Clearwater FL 33755

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Same

New Registered Office Address:

600 Cleveland St Ste 343

Enter Florida street address

Clearwater

City

Florida

33755

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>	<u>Address</u>	<u>Type of Action</u>
<u>AR</u>	<u>John DeLuca</u>	<u>1210 S. Myrtle Ave</u>	<input type="checkbox"/> Add
		<u>clearwater FL 33755</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AR</u>	<u>Nate Jessup</u>	<u>1210 S. Myrtle Ave</u>	<input type="checkbox"/> Add
		<u>Clear Water FL 33755</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	<u>Address: 600 Cleveland St Ste 343</u>	<u>Clear Water FL 33755</u>	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If 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 (3)(b)

Dated July 10, 2019, 2019.

Nate F Jessup

Typed or printed name of signee