

219 000 162 070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

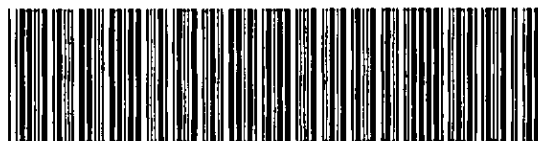
(Business Entity Name)

(Document Number)

Certified Copies	Certificates of Status
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MAR 03 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safehouse Investments, 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:

Ernest Fussell
Name of Person

Fussell Enterprises, LLC
Firm/Company

8350 NW 52nd Ter, Ste 301
Address

Doral, FL 33166
City/State and Zip Code

info@fussellenterprises.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernest Fussell at (844) 225-9015
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE
FEB 25 2022

2022 FEB 25 PM 4:46

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Safehouse Investments, 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 6/19/2019 and assigned Florida document number L19000162070.

This amendment is submitted to amend the following:

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

FUSSELL Enterprises, LLC

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)

8350 NW 52nd Ter, Ste 301

Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8350 NW 52nd Ter, Ste 301

Doral, FL 33166

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:

Ernest Fussell

New Registered Office Address:

8350 NW 52nd Ter, Ste 301

Enter Florida street address

Doral

City

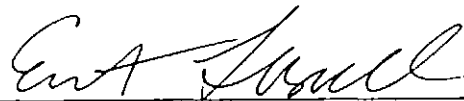
Florida

33166

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>
AMBR	Ernest Fussell	8350 NW 52nd Ter, Ste 301	<input checked="" type="checkbox"/> Add
		Doral, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ernest Fussell	18495 South Dixie Highway	<input type="checkbox"/> Add
		215	<input checked="" type="checkbox"/> Remove
		Miami, FL 33157	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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ALABAMA STATE DEPT OF REVENUE

100-47689-1
FEB 25 PM 4:46
TELETYPE UNIT

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 21, 2022.

Er A. Thurne

Signature of a member or authorized representative of a member

Ernest Fussell

Typed or printed name of signee

Filing Fee: \$25.00