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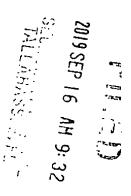
(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

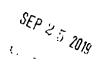
Office Use Only



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COVER LETTER

Safety Ass	essment Training Associates, L	L.C	
30DJEQ1	Name of Lim	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:	
	Ronald K. Bernard		
		Name of Person	
	Safety AssessmentTraining	g Associates, LLC	
The enclosed Articles of Please return all corresponding for further information Ronald K. Bernard Name		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	8724 SW 72 Strret #44		
	41-21	Address	
	Miami/FL 33173		
	fireout09@aol.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Ronald K. Bernard		305 542-4373	
Name c	of Person	Area Code Daytime	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 (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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**

Safety Assessment Training Associates		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our reco Limited Liability Company))rds <u>.</u>)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1.19000184093}{1.19000184093}$	ompany were filed on July 17,2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	2015 Sign
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 16 AH 9:32
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	FUNS
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	,	Zsp Code

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Ronald K. Bernard	8724 SW 72 St. #44 Miami.FL 33173	= Add
		11-da 1	□ Remove
	Nancy Gomez-Bernard		☐ Change
MGR			□ Add
		7350 SW 89 Street #1711 Miami, FL 33156	■ Remove
			□ Change
			
			Remove
			☐ Change
			□ Add
			□ Remove
		 	☐ Change
			🗆 Add
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change

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		<u></u>		

ffective date, if other than the data an effective date is listed, the date must be total. If the date inserted in this block occument's effective date on the Department.	t does not meet the applicabl	late of filing or more than 90 da e statutory filing requireme	_(optional) sys after tiling.) Pursuant to 605.0 nts, this date will not be listed	0207 (d as t
e record specifies a delayed e The 90th day after the recor		in effective time, at 12	2:01 a.m. on the earlie	r of:
ated September 6	2019			
	Show - / C	· · · · · · · · · · · · · · · · · · ·		
Sì	gna ure of a member or authoriz	ed representative of a member		
Ronald K. Bernard				
	Typed or printed r	game at chines		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00