

L20000030459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

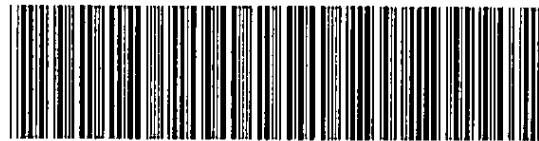
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Y. SCOTT

JAN 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFE CONNECTIONS SERVICE 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:

FRANCY RODRIGUEZ

Name of Person

ATC PROFESSIONAL SERVICES INC

Firm/Company

3645 WEST 16TH AVENUE

Address

HIALEAH, FL 33012

City/State and Zip Code

f.rodriquez.atc@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANCY RODRIGUEZ

786

275-4310

at ()

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, FL

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

SAFE CONNECTIONS SERVICE 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 01/30/2020 and assigned
Florida document number L20000030459.

This amendment is submitted to amend the following:

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

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)

8950 SW 19TH ST

MIRAMAR, FL 33025

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8950 SW 19TH ST

MIRAMAR, FL 33025

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:

PEGGY MARQUEZ MADERA

New Registered Office Address:

8950 SW 19TH ST

Enter Florida street address

MIRAMAR

Florida 33025

City

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>
MGR	MARIA LOPEZ	5330 NW 114 AV UNIT 102	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRO BENITEZ	10781 NW 80TH LN	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRO FEO LA CRUZ	8040 NW 95TH ST	<input type="checkbox"/> Add
		HIALEAH GARDEN, FL 33016	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLOS GIL RODRIGUEZ	8950 SW 19TH ST	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HENRY GANDICA VALENCIA	8950 SW 19TH ST	<input checked="" type="checkbox"/> Add
		MIRAMAR, FL 33025	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE PARTNERS DECLARE THAT THEIR PARTICIPATION IN THE PARTNERSHIP IS:

PEGGY MARQUEZ 34%

CARLOS GIL RODRIGUEZ 33%

HENRY GANDICA VALENCIA 33%

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HALL COUNTY, FL

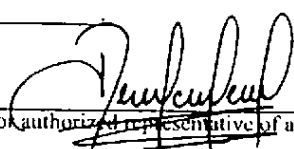
E. Effective date, if other than the date of filing: December 09, 2021 (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated December 09, 2021



Signature of a member or authorized representative of a member

PEGGY MARQUEZ

Typed or printed name of signee