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DATE:

5/18/21

NAME:

SAFETYNET REALTY LLC

TYPE OF FILING: AMENDMENT

COST:

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 1 1 1 1 7:1.5

Safetynet Re	alty LLC.	
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our record Liability Company)	s.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 40063</u>	were filed on February	ري, کورو and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
Enter new principal offices address, if applicable:	Winter Park,	, cuite 201.
(Principal office address MUST BE A STREET ADDRESS)	Winter Park,	FL. 32789
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1685 Leerd, winter purh,	Suite 201. FL, 32789.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	;
	, Flo	orida
N. B. L. A. M. C. M. M. D.	City	ыр coae

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>	Name	Address	Type of Action
AMBR	Aviha: Sela.	2650 Dove ave,	
		apt 1123, whather fl	MRemove
		32904	Change
MGR	Charles D Medalie	2811 Ashley cit.	S PAdd
		Broil enton, Florida,	□Remove
		34201	Change
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). If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effect <u>Note:</u> If	date, if other than the date of filing:
the record s cord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	S/17/21. 2021
	Signature of a member or authorized representative of a member Authorized COIA
	Typed or printed name of signee

Filing Fee: \$25.00