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| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| TO: Registration So<br>Division of Cor |  |   |  |
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| Safe Space                             | e Scan Technology LLC                        |   |  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  | <del></del>  |
| ab .                                   |  |   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | Zhenhai Zhao                                 |   |  |
|  | Safe Space Scan Technolo                     | Name of Person  |  |
|  | 5300 W Atlantic Ave, Sui                     | Firm/Company<br>te 612  |  |
|  | Delray Beach, FL, 33484                      | Address   |  |
|  | azhao@safespacescan.com                      | City/State and Zip Code   |  |
|  | E-mail address; (                            | to be used for future annual report (                               | iotilication)  |
|  | concerning this matter, please ca            | all:  |  |
| Zhenhai Zhao                           |  | 954 2959061   |  |
| Name o                                 | of Person                                    | at ()<br>Area Code Day  | time Telephone Number  |
| Enclosed is a check for the            | 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 Addres                         | <u>88:</u>                                   | Street Address:   |  |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## TO ARTICLES OF ORGANIZATION OF

Safe Space Scan Technology 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 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 "LLC." 5300 W Atlantic Ave. Enter new principal offices address, if applicable: Suite 612 (Principal office address MUST BE A STREET ADDRESS) Delray Beach,FL 33484 5300 W Atlantic Ave Enter new mailing address, if applicable: Suite 612 (Mailing address MAY BE A POST OFFICE BOX) Delray Beach,FL 33484 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: 5300 W Atlantic Ave., Suite 612 New Registered Office Address: Enter Florida street address

## 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.

Delray Beach

## or removed from our records:

. MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address     | Type of Action |
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|                                     |   | May 15,2020  |                 |
| Effec<br>If an ef                   | tive date, if other than the date of filing: ffective date is listed, the date must be specific and c  If the date inserted in this block does not me ment's effective date on the Department of St | :(optional) cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 eet the applicable statutory filing requirements, this date will not be listed ate's records. | 207 (:<br>as tl |
| Note:                               |   |  |                 |
| Note:<br>docui                      | ord specifies a delayed effective date, but not a filed.  | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   | he              |
| Note:<br>docur<br>e reco<br>rd is f | filed.<br>May 15th  | an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 2020  | he              |
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