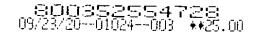
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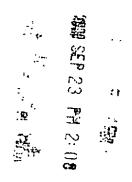
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

OS EARTHSAFE	LLC				
		_	_		
			_		
	·	<u> </u>	_	Art of Inc. File	
				LTD Partnership File	
				Foreign Corp. File	
				L.C. File	
			Ì	Fictitious Name File	
				Trade/Service Mark	
				Merger File	
			<u> </u>	Art, of Amend, File	
				RA Resignation	
				Dissolution / Withdrawal	
				Annual Report / Reinstatement	
			_	Cert. Copy	
			<u>✓</u>	Photo Copy	
			—	Certificate of Good Standing	
				Certificate of Status	
			—	Certificate of Fictitious Name	
				Corp Record Search	
				Officer Search	
				Fictitious Search	
Signature			<u> </u>	Fictitious Owner Search	
			_	Vehicle Search	
_	_			Driving Record	
Requested by: BA	09/22/20			UCC 1 or 3 File	
Name	Date	Time	.	UCC 11 Search	
				UCC 11 Retrieval	
Walk-In	_ Will Pick Up		<u> </u>	Courier	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOS EARTHSAFE LLC

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited List Florida document number L20000198957	bility Company were filed on 07/10/2020	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE BO		
CAMBRIA HAWLESS IMPLI BETTA COLOT TICE BO		
3. If amending the registered agent and/or registered agent and/or registered office address have been address to the new Registered Agent:	istered office address on our records, <u>enter the</u> lere:	name of the new registered
New Registered Office Address:		
	Enter Florido street address	
-	, Florid	
ew Registered Agent's Signature, If changing Regi	•	Zip Code
hereby accept the appointment as registered a rovisions of all statutes relative to the proper accept the obligations of my position as register eing filed to merely reflect a change in the region ompany has been notified in writing of this cha	gent and agree to act in this capacity. I furthe and complete performance of my duties, and I red agent as provided for in Chapter 605, F.S. istered office address, I hereby confirm that th	am familiar with and Or, if this document is
	If Changing Registered Agent, Signature of Ne	w 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

Title	Name	<u>Address</u>	Type of Action
MGR	DAVID LANGLEY	3809 S INDIAN RIVER DR	
		FORT PIERCE, FL 34982	□Remove
			□Change
MGR	LIBERA STONER	3809 S INDIAN RIVER DR	= Add
		FORT PIERCE, FL 34982	□Remove
			
			□Remove
			DChange
			DAdd
			Петюче
			Chenge
			□Add
			□Remove
			Change
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			□Remove
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record sp The 90th d	ecifies a delayed e ay after the record	ffective date d is filed.	, but not an	effective tim	e, at 12:01 a	a.m. on the earlie
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