120000198957

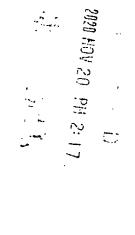
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

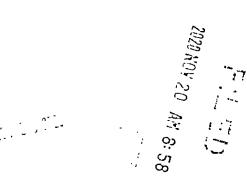
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CAPITAL CONNECTION, INC.

1 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
 10) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S EARTHSAFE	LLC	
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		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Рһоло Сору
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
5		Driving Record
Requested by: SETH	11/19/20	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
Walk-In	Will Pick Up	UCC 11 Retrieval Courier
The state of the s		COUNCI

COVER LETTER

Registration Section

Division of Corporations SOS EARTHSAFE LLC UBJECT: 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: Name of Person SOS EARTHSAFE LLC Firm/Company 3809 S INDIAN RIVER DR Address FORT PIERCE, FL 34982 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHELE RODRIGUEZ Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address; Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		, Florida		
TIVE ANGINIMAN STATES PROJECTS.	Enter Florida str	eet address		
New Registered Office Address:				
Name of New Registered Agent:	<u> </u>			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ls, enter the name of the	new re	egister
			ກ	
		· ·	<u>-</u>	
(Mailing address MAY BE A POST OFFICE BOX)			5	
Enter new mailing address, if applicable:			ž -	
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ATTINITY OF THE MANAGES PAGES AND A GARGET AND		 		وجنز حجا
Principal office address MUST BE A STREET ADD	RESS)		207	
Enter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "Lii	mited Liability Company," the designa	tion "LLC" or the abbreviation	n 'L.L.C	."
		<u> </u>		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:			
· ·				
This amendment is submitted to amend the following:				
Florida document number L20000198957	·			
The Articles of Organization for this Limited Liability	Company were filed on 07/10/20	020 an	d assign	ed
(A Flond	13 Limited Liability Company)			
71 14	lity Company as it now appears on o	THE RESIDENCE OF THE PERSON OF		

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

AGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	LIBERA STONER	3809 S INDIAN RIVER DR	
		FORT PIERCE, FL 34982	≅Remove
			□Change
		·	bbA□
			□Remove
			Ochange -
			© ST ☐Remove
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			□Remove
			Change

Page 2 of 3

	
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Mective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing require accument's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
	t 12:01 a.m. on the earlier (
e record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.	

Page 3 of 3

Filing Fee: \$25.00