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PICK-UP WAIT	<b>NAIL</b>
(Business Entity Name)	
, ,	
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Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
}	

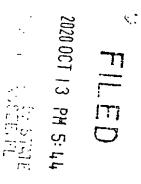
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## **COVER LETTER**

Registration Section

TO:

Div	ision of Corp	porations	:	
	Vazfon Safe	ety Consulting and Services LLC	c · •	•
SUBJECT:		Name of Limit	ed Liability Company	······
The enclosed	i Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return	all correspo	ndence concerning this matter to	o the following:	
		Manuel Vazquez		
			Name of Person	
		Vazfon Safety Consulting a	nd Services LLC	
			Firm/Company	
		3691 NW 19TH ST		
			Address	<u></u>
		Miami, FL 33125		
		<u></u>	City/State and Zip Code	
		mjvazfon@gmail.com	o be used for future annual report noti	fication
				(Reation)
For further i	nformation c	oncerning this matter, please ca	II:	
Manuel Vaz	zquez		305 968-4141 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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)
Re Di P.	ailing Address egistration S vision of C O. Box 632 Illahassee, I	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vazfon Safety Consulting and Services LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on July 20, 2020 and

	iability Company were filed	on July 20, 2020	and assigned	
lorida document number  L0000209386  This amendment is submitted to amend the following:  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."  Cinter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Cinter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability comp	any here:		
			<u>(;</u>	
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "LLC" or the abbi	revieton "L.L.C."	
Enter new principal offices address, if applie	cable:		<u> </u>	
(Principal office address MUST BE A STREE	ET ADDRESS)	<del> </del>	<u> </u>	
			3 1	
		in the second se	ي جي ا	
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE	BOX)			
		our records, <u>enter the name</u>	of the new registered	
Name of New Registered Agent:	Manuel Vazquez	<u> </u>		
New Registered Office Address:	3691 NW 19TH ST			
New Registered Office Address.	Enter Florida street address			
	Miami	, Florida <u>331</u> 2	25	
	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>	Address	Type of Action
MGR	Manuel J. Vazquez	3691 NW 19TH ST, Miami FL 33125	□Add
			≅Remove
			□Change
MGR	Manuel Vazquez	3691 NW 19TH ST, Miami FL 33125	≣Add
			□Remove
			□Change
			2021 Remove
			Charge  Add  Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

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ffective date, if other an effective date is listed, the locument's effective date	l in this block does	not meet the applic	cable statutory film	ope than 90 days aft ng requirements, th	i <b>ional)</b> er filing.) Pi iis date wi	ursuant to 60:	5.020 ted a
record specifies a delayed is filed.	ed effective date, bu	ut not an effective t	ime, at 12:01 a.m.	on the earlier of:	(b) The 9	Oth day afte	er the
October 2		2020	·				
		////					
	Signature	of a member of auth	norized representativ	e of a member			
		Parameter and a strict of the second					