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Office Use Only



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## **COVER LETTER**

TO: Registration Se Division of Cor			
	Safety Gear LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	George Chami		
		Name of Person	<u> </u>
	American Safety Gear LLC		
		Firm/Company	
	7675 Santa Margherita Wa	У	
		Address	
	Naples, FL, 34109		
		City/State and Zip Code	
	hgchami@gmail.com		
			tification)
For further information of	concerning this matter, please co	all:	
George H Chami		239 5717777 at ( )	
Name o	of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Division of C		Division of Co	orporations
P.O. Box 632			
George H Chami  Name of the Company	Naples, FL, 34109  hgchami@gmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter)  bf Person  he following amount:  S30.00 Filing Fee & Certificate of Status  ss: Section Corporations 27	Address  City/State and Zip Code  to be used for future annual report no all:  239 5717777  at () Area Code Daytin  S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  Street Address: Registration S Division of Co The Centre of	me Telephone Number  S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

땑

American Safety Gear LLC	<u></u>	
(Name of the Limited Liability Con (A Florida Limi	mpany as it now appears on our re	cords.)
(A Fronda Sam	ted Elizability Company,	ا کا سیان سا
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L20000235978	•	
Florida document number		
This amendment is submitted to amend the following:		14 O
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 L	iability Company." the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Ewer Florida street a	ddress
		, Florida
	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 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>	<u>Address</u>	Type of Action
AMBR	Imad Hannoud	7675 Santa Margherita Way, Naptes, FL, 34109	\= Add
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			Change
44-444			□Add
		🗆 Remove	
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ectiv	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>ste:</u> l	fithe date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed a
cume	nt's effective date on the Department of State's records.
ecora is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	9/17/2020
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ited _	Signature of a member or authorized representative of a member