

L20000294738

Florida Department of State
Division of Corporations
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((H230003279803)))



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Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAFETY PPE, LLC

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ARTICLES OF AMENDMENT **(((H23000327980 3)))**
TO
ARTICLES OF ORGANIZATION
OF

Safety PPE, 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 September 18, 2020 and assigned
 Florida document number 120000294738.

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" or the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

850 Northwest 42 Avenue

Suite 205

Miami, Florida 33126

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

850 Northwest 42 Avenue

Suite 205

Miami, Florida 33126

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:

New Registered Office Address:

1450 Brickell Avenue, 23rd Floor

Enter Florida street address

Miami

Florida 33131

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.

Michael J. Gomez

If Changing Registered Agent, Signature of New Registered Agent

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FAMB, LLC	850 Northwest 42 Avenue	☐ Add
		Suite 205	☐ Remove
		Miami, Florida 33126	☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Change
			☐ Add
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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DocId: 34757506 ID: DEC9EEB6 B7E6 4C53-A956 6F081BDC F057

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

if an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 180 days after filing } Pursuant to 605.0297 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 9/18/2023 | 7:48:56 AM PDT

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Signature of a member or authorized representative of a member

Frank C. Quesada, as Manager for FAMR, LLC

Typed or printed name of signee

Filing Fee: \$25.00

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