L20000302654

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D COMMENT

CAPITAL CONNECTION, INC.

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

		- 	
AFE PASSAGE N	MOVING & S	STORAGE	
LC			
			
			
			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
			Сеп. Сору
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
gnature			Fictitious Owner Search
Ü			Vehicle Search
			Driving Record
quested by: SETH			UCC 1 or 3 File
me	Date	Time	UCC 11 Search
			UCC II Retrieval
lk-In		Up	Courier

COVER LETTER

TO: Registration Se- Division of Cor			
SAFE PASS	SAGE MOVING & STORAGI	E. L.L.C	
NOBJEC 17	Name of Urn	ited Liability Company	
The enclosed Articles of	Amendment and freets are sub-	mitted for filing	
rease return an entespo	ndence concerning this matter	to the following:	
	CLAUDIA VEIGA		
		Name of Person	
	SAGE MOVING & STORAGE, LLC Name of Limited Liability Company		
		Firm/Company	for filling. following: Name of Person , INC Funt/Company Address Address Address Address Act (State and Zip Code STROLLER.COM Sed for future annual report notification) 561 213-6565 31 (
	Name of Person ACCOUNTING CONTROLLER, INC Firm*Company 2610 NE 18TH TER UNIT A Address LIGHTHOUSE POINT, FL 33064 City/State and Zip Code CLAUDIA@ACCOUNTINGCONTROLLER.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call:		
		Address	
	LIGHTHOUSE POINT, F	1, 33064	
	-	City/State and Zip Code	
	<u> </u>		
			Seation)
For further information c	oncerning this matter, please c	all:	
CLAUDIA VEIGA			
Name o	tl Person	Area Code Daytimo	: Felephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration			ction
Division of C	orporations	Division of Cor	porations
P.O. Box 633 Tallahassee, l			
rananassec,	1. 1 × 2 m d 1 T		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE PASSAGE MOVING & ST	ORAGE, LLC		
(Name of the Lim	ted Liability Company as it now uppear (A Florida Limited Liability Company)	ry on our regords.)	
The Articles of Organization for this Limited I Florida document number 1.20000302654	liability Company were filed on 10.	05/2020 and assig	ined
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability company be	<u>rre</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.	
Enter new principal offices address, if appli	cable:		PD
(Principal office address MUST BE A STRE	<u></u>	707	
		FEB 2	<u> </u>
Enter new mailing address, if applicable:			<u>:=1</u>
(Mailing address MAY BE A POST OFFICE	(BQX)	<u> </u>	_;
		<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our r ess here:	^	registered
Name of New Registered Agent:	PETER WALLACE		
New Registered Office Address:	2951 NW 8TH CT		
**************************************	Enter Flo	ula street address	 -
	FORT LAUDERDALE	, Florida 33311	
	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.

It 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>	Name	Address	Type of Action
MGR	DAHAN, MICHAEL	1010 Seminole Dr. Apt. 502 Fort Cauderdale, FC 33304	SlAdd
			=Remove
		2951 NW 8 PL Ct.	TIC hange
MGR	WALLACE, PETER	Fort Canderdale, FC 33311	≓ Add
			TRemove
			[]Change
			Remove
		-	file Change
			□Add
			DRemove
			Change
			Dadd
		①Remove	
			🗀 Change
			Uadd
			©Remove
			II Change

	
	
Effective duty if other than the date of filing:	
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 90 days after filing) Pursus	ant to 605,0207
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ne document's effective date on the Department of State's records.	ot be listed as
ic 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
ord is tiled.	
FERRITARY 23 2021	
Dated FEBRUARY 23 2021	
Signature of Amember or authorized representative of a member	
PETER WALLACE Typed or printed name of signee	

Filing Fee: \$25.00