

120000358405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

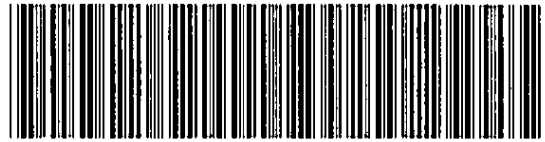
(Business Entity Name)

(Document Number)

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11/8/21  
T.A. S.  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
FLORIDA  
2021 OCT 29 AM 9:53

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFETY FIRST COMPANY LLC

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:

MICHAEL GRAHAM

Name of Person

3HL ACCOUNTANTS

Firm/Company

8461 LAKE WORTH ROAD, STE 218

Address

LAKE WORTH, FL 33467

City/State and Zip Code

MGRAHAM@3HLACCOUNTANTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOROTHY WILDER

561 209 6010  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SAFETY FIRST COMPANY 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 11/12/20 and assigned  
Florida document number L20000358405

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

Enter new principal offices address, if applicable:

7620 NW 6TH AVENUE

**(Principal office address MUST BE A STREET ADDRESS)**

BOCA RATON, FL 33486

Enter new mailing address, if applicable:

7620 NW 6TH AVENUE

**(Mailing address MAY BE A POST OFFICE BOX)**

BOCA RATON, FL 33486

**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:

MICHAEL GRAHAM

New Registered Office Address:

8461 LAKE WORTH ROAD, SUITE 228

*Enter Florida street address*

LAKE WORTH

*City*

, Florida 33467

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERT STILLMAN	6401 CONGRESS AVENUE. SUITE 215	<input type="checkbox"/> Add
		BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DAVID MORRISON	7620 NW 6TH AVENUE	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33486	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2021 OCT 29 AM 9:54  
SECTION 1001  
FALL AMASSE  
FLORIDA

2021 OCT 29 AM 11:07  
TALLAHASSEE FL  
STANLEY J. PETERSON

2021 OCT 29 AM 9:54  
ST. JOSEPH'S HOSPITAL  
TALLAHASSEE, FLORIDA

**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.

Dated OCTOBER 26 2021

DAVID MORRISON

**Filing Fee: \$25.00**