## 420 000 358 405

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS
DEC 1 5 2021



500376316085

11/15/21--01012--024 \*\*25.00

2021 DEC 13 AN 9: 03



2021 (TT) | U F1112: 51

## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2021

MICHAEL GRAHAM 8461 LAKE WORTH RD SUITE 228 LAKE WORTH, FL 33467

SUBJECT: SAFETY FIRST COMPANY LLC

Ref. Number: L20000358405

We have received your document for SAFETY FIRST COMPANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 621A00029153

## COVER LETTER

TO: Registrati Division o	on Section f Corporations	- COLLEK	٠	
SUBJECT: SAFE	TY FIRST COMPANY LLC			
	Name of	Limited Liability Company		
Please son - 1	s of Amendment and fee(s) are	submitted for filing.		
r rease return all corr	espondence concerning this mat	ter to the following:		
	MICHAEL GRAHAM			
		Name of Person		
	3HL ACCOUNTANTS			
		- Company		
	8461 LAKE WORTH ROAD SUITE 228			
		Address		
	LAKE WORTH, FL 334	67		
	MGRAHAM@34H ACCC	City/State and Zip Code		
	MGRAHAM@3HLACCO	JUNTANTS.COM		
For further information	a concerning this matter, please	(to be used for future annual report no	otification)	
DOROTHY WILDER		cail.		
Name of Person		561 209-6010		
		Area Code Daytin	me Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of ( P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Set Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street Suite 210	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFETY	FIRST	COMPANY	LLC
--------	-------	---------	-----

(Name of the Limited Liability Company or it
(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
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 "LLC."  Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter 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 agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Eller Plorida street address
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 accept the obligations of
being filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is 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> . MGR	Name	Address	Type of Action
	FARFROMBORING PROMOTIO	6401 CONGRESS AVENUE, SUITE 215	
1		BOCA RATON, FL 33487	
	·		Remove
			Change
			DAdd
ı			□Remove
			Change
			□ <b>bbA</b> □
			□Remove
-			□Change
:			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

<del></del>	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
-— <u>-</u>	
_	
<del></del>	
<del>-</del>	
<del></del>	
<del></del>	
frective date, if	other than the date of filing:
Note: If the date i	inserted in this block does and cannot be prior to date of filing or more than 90 does not
locument's effecti	other than the date of filing:  [isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
	the desired as 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
d is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	ER 8 2021
	Signature of a member or authorized representative of a member
	THE PROPERTY OF THE PROPERTY O
DAVID	MODRISON
DAVID	MORRISON

Filing Fee: \$25.00