

K21 000 202 402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

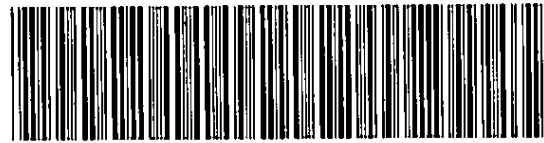
(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFE BURN 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:

BRYAN ROTH

Name of Person

SAFE BURN LLC.

Firm/Company

118 Miracle mile.

Address

CORAL GABLES, FL 33134.

City/State and Zip Code

BROTH1975@yahoo.com.

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

For further information concerning this matter, please call:

BRYAN ROTH

Name of Person

at

(786)

Area Code

234-3679.

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee

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

SAFE BURN 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 04/20/2021 and assigned Florida document number 221000202402

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:**

(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:

Chris Haake

New Registered Office Address:

118 Miracle Mile

Enter Florida street address

Coral Gables

City

Florida

33134

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>                      |
|--------------|----------------------|------------------------------|--|
| <u>MGR</u>   | <u>MARGO Siewert</u> | <u>118 Miracle Mile</u>      | <input type="checkbox"/> Add               |
|              |                      | <u>Coral Gables FL 33134</u> | <input checked="" type="checkbox"/> Remove |
|              |                      |                              | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>Chris Haake</u>   | <u>118 Miracle Mile</u>      | <input checked="" type="checkbox"/> Add    |
|              |                      | <u>Coral Gables FL 33134</u> | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |
|              |                      |                              | <input type="checkbox"/> Change            |
|              |                      |                              | <input type="checkbox"/> Add               |
|              |                      |                              | <input type="checkbox"/> Remove            |

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2021-2022

(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.) Pursuant to 605.0207 (3)(b)

Dated 5/20/21

BOLEFAN RUTH

Typed or printed name of signee