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T. MATTHEWS

JAN 13 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	KEYLER OSCAR HERNA	ANDEZ MENDEZ	
		Name of Person	
	SAFE INTERSTATE, LLC		<u>-</u>
		Firm/Company	
	5405 W 12th LN		
		Address	
	HIALEAH, FL 33012		
		City/State and Zip Code	
	mendez2525@icloud.com		· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used for future annual report notific	ration)
For further information c	oncerning this matter, please co	all:	
KEYLER OSCAR HER	NANDEZ MENDEZ	305 721-4091	
Name o	of Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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 Addre Registration	Section	Street Address: Registration Sec Division of Corp	
Division of Corporations P.O. Box 6327		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAFE INTERSTATE, LLC

22 3" -3 FM 3: 52

(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 8/17/2021 and assigned Florida document number _____L21000368476 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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) N/A 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida 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 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.

City

If Changing Registered Agent, Signature of New Registered Agent

_____, Florida _____Zip Code

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>	Address	Type of Action
MGR	KEYLER OSCAR HERNANDEZ MENDEZ		
			□Remove
		5405 W 12th LN. HIALEAH, FL 33012	
			Remove
		☐ Change	
		🗆 Add	
			□Remove
		□ Add	
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change

11 41	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A
(If an Note	ctive date, if other than the date of filing:
	ord 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 filed.
Date	DECEMBER 22 2021
	Freyte Ada
	Signature of a member authorized representative of a member
	KEYLER OSCAR HERNANDEZ MENDEZ

PO 005 A