121000409629

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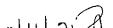
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COVER LETTER

TO: Registration Se Division of Cor				••
contect.		Capital, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Terrence Griffiths			_
		Name of Person		
	Riveles Wahab LLP			
		Firm/Company		-
•	55 Grumman Hill Road			
		Address		•
	Wilton CT 06897			
,		City/State and Zip Code	<u> </u>	-
	danielle@randwlawfirm.co			
	E-mail address: (to be used for future annual rep	ort notification)	
For further information of	concerning this matter, please c	all:		
Terrence Griffiths		at (212) 785	5-0096	
Name o	f Person	Area Code	Daytime Telephone Numbe	r
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fec & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is emplose	Certifica ed) Certified	ite of Status &
Mailing Addre		Street Add	ress: on Section	
Registration			on Section A Comparations	

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

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

SafeCity Ca	ipital, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appe bility Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number <u>L21000409629</u> .		09/15/2021	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company l	here:	
The new name must be distinguishable and contain the words "Limited Liability	Corapany," the	designation "LLC" or the abb	reviation "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 ad agent and/or the new registered office address here:	dress on our	records, enter the name	of the new register
Name of New Registered Agent:			r
New Registered Office Address:			7
New Registered Office Address.	Enter F	lorida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance (ovided for in	of my duties, and I am fo Chapter 605, F.S. Or, i	miliar with and f 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>	Name	Address	Type of Action
MGR	JAY DASILVA	2875 NE 191 Street, STE 306	□ Add
		Aventura, FL US 33180	≅ Remove
			□ Change
MGR	Jared Alexander DaSilva	2875 NE 191 Street, STE 306	⊟ Add
		Aventura, FL US 33180	Remove
			□ Change
			□Add
			Change
	,		□Add
			□Remove
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If an effect Note: I	we date, if other than the di- ctive date is listed, the date must be if the date inserted in this bloc- int's effective date on the Dep	e specific and ca k does not mee	annot be prior to et the applicab	le statutory fi	more than 90 day	(optional) ys after filing.) its, this date	Pursuant to 605.02 will not be listed	207 (as 1
	specifies a delayed effective of	late, but not ar	n effective tim	e, at 12:01 a.n	n. on the earlier	of: (b) The	e 90th day after t	he
	.							
rd is file	September 23rd	················· 1	2021	. •				
rd is file		 Bar	2021 rat Wold	.· /				
ne record ord is file Dated _	September 23rd		ret Wolf		ive of a member			

Filing Fee: \$25.00