1216664649629

(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



300376733623

11.418/21--01010--028 **25.00

2621 HOY 18 FM 2: 24

A BUTLER
DEC - 7 2021

COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SHRIE	CCT:	SafeCity	Capital, LLC	
30131			nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ndence 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	
		haroon.asif@gmail.com	n to be used for future annual report notified	
For furt	her information co	oncerning this matter, please c	•	ncation)
	e Griffiths			
	Name of	Person	at ()785-0096 Area CodeDaytime	e Telephone Number
Enclose	d is a check for th	e following amount:		
		S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6323 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SafeCity Capital, LLC

2021 MOM 18 PM 0. 0:

			21 ma. 10 Ph 2: 24
(Name of the Limited Liability Company as i (A Florida Limited Liabilit	now appe Company	ars on our record	<u>s.</u>)
he Articles of Organization for this Limited Liability Company were	filed on _	09/15/2021	and assigned
forida document numberL21000409629			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability c	ompany l	<u>iere</u> ;	
he new name must be distinguishable and contain the words "Limited Liability Con	npany," the	designation "LLC	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	······································		·
		<u></u>	
 If amending the registered agent and/or registered office addresgent and/or the new registered office address here: 	s on our	records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:			
	<u>-</u>		
Name of New Registered Agent: New Registered Office Address:	Enter Flo	orida street address	
New Registered Office Address:			
New Registered Office Address:	Enter Fle		oridaZip Code
New Registered Office Address:		, Flo	orida Zip Code

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>	Address	Type of Action
MGR	MICKAEL SALABI	2875 NE 191 Street, STE 306	□ Add
		Aventura, FL US 33180	≣Remove
			□ Change
			□Add
			Remove
			□Change
			🗀 Add
			🗆 Remove
			□Change
			□ Add
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change

_				
_				
				·
				
				
_				
				
_				
				
				
_		-, .	-	
(If an effective Note: If	e date, if other than the date is listed, the date must be the date inserted in this blocht's effective date on the Dep	be specific and cannot be prior to date or does not meet the applicable s	of filing or more than 90 da	(optional) ys after filing.) Pursuant to 605.0207 nts, this date will not be listed as
he record ord is filed	specifies a delayed effective d.	date, but not an effective time, at	12:01 a.m. on the earlier	of: (b) The 90th day after the
Dated _	November 10	2021		
		2 +11/11		
		Darret Wolf		
	S	Barret Wolf ignature of a member or authorized	epresentative of a member	

Filing Fee: \$25.00