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2023 05:48:21 PDT 🔒	To. 18506176383 P	age: 2/4	From: Registered Agents	Inc Fax: 813
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" <u>c</u> u	EARED SAFE LLC		¥	
	(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appe Liability Company	ars on our records.))	
The Articles of C	Drganization for this Limited Liability Company	were filed on ⁰	7/18/22	and assigned
	t number	-		
This amendment	is submitted to amend the following:			
i nis amendment	is submitted to anche the following.			
A. If amending	name, enter the new name of the limited liab	ility company	here:	
The new name must	be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new princ	cipal offices address, if applicable:	10405 Greenw	vay Avenue	
•	address MUST BE <u>A</u> STREET ADDRESS)	Englewood, Fl	orida 34224	
Enter new maili	ing address, if applicable:			
	MAY BE A POST OFFICE BOX)	<u> </u>		
<u></u>			·····	······································
		·····		
B. If amending	the registered agent and/or registered office :	address on our	records, enter the name	of the new registere
	e new_registered office address here:			202
Name o	of New Registered Agent:			ـــــــــــــــــــــــــــــــــــــ
New Ri	gistered Office Address:			دى
- <u></u>	· · · · · · · · · · · · · · · · · · ·	Enter Fl	orida street address	
			, Florida	😇
		Cuy		-Zip Codes
				C1

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.

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<u>Fitle</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ____

(optional)

(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). <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated July 31	2023	
	Marka and generally	
	Signature of a member or authorized representative of a member	
Robin Jones		
_,	Typed or printed name of signee	

Filing Fee: \$25.00