

622000444362

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



01/23/23--01013--012 **25.00





COVER LETTER

TO: Registration Section Division of Corporations

B SAFE ROADSIDE ASSISTANCE LLC

SUBJECT:

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:



Tallahassee, FL 32303



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B SAFE ROADSIDE ASSISTANCE LLC

(Name of)	he Limited						ñ our r	ecords.)
	(A	-Florida I	Limited	ability	Com	ipany)		

The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______

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 "LUC" or the abbreviation "LUC"

Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	y		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	r . D		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent		
New Registered Office Address	Later Florida street ac	klress
	Cuy	. Florida

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. Thereby confirm that the limited liability company has been notified in writing of this change.



.

.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

. .

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	<u>Type of Action</u>
AMBR	Claudia Sala	3080 MICHIGAN AVE	XAdd
		KISSIMMEE. FL 34744	Remove
		<u></u>	[]Change
			DAdd
		<u></u>	
			Change
			TRemove
			Zee EChange
			2 二Add
			Change
			⊒∧dd
			ERemove
			ŪAdd
			TRemove
			⊡Change



D. If amending any other information, enter change(s) here: (Attach additional sheets, (f necessary.)

Bonjamin Martinee and MAKE SURE 50, audia Gala Are 50 partners in -t-h-e hussiness 2 -2023 (optional) - 1

E. Effective date, if other than the date of filing: <u>1/1/2023</u> (optional) - 1 (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 reduirements, 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

1723 Dated Signature of a member or authorized if Martine amin Lyped or printed name of

Filing Fee: \$25.00