L23000055385

(Req	uestor's Name)	_
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SECRETARY OF STATE
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A. RIVERS APR 2 5 2023

COVER LETTER

TO:

Registration Section

nendment and fee(s) are sub	<u> </u>	
Name of Lin	omitted for filing.	
	<u> </u>	
	<u> </u>	
ence concerning this matter	to the following:	
Donika Williams		
	Name of Person	
	Firm (Common to the common to	
5601 NW 13TH ST	rimicompany	
	Address	
Lauderhill	23313	
	City/State and Zip Code	
donikawilliams@hotmail.co	m	
E-mail address: (to be used for future annual report not	ification)
erning this matter, please c	all:	
	954 200-4776	
rson		e Telephone Number
ollowing amount:		
□ \$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)
orations	Street Address: Registration Se Division of Cor The Centre of T	porations Tallahassee
	Donika Williams 5601 NW 13TH ST Lauderhill donikawilliams@hotmail.co E-mail address: (eerning this matter, please of	Firm/Company 5601 NW 13TH ST Address Lauderhill 233/3 City/State and Zip Code donikawilliams@hotmail.com E-mail address: (to be used for future annual report not serning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Life Safe Camp LLC.		
(<u>Name of the Limited L</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ity Company were filed on 01/30/2023	and assigned
Florida document number L23000055385		
This amendment is submitted to amend the followin	ß:	
A. If amending name, enter the new name of the	limited liability company here:	
Life Safety Camp LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	· · · · · · · · · · · · · · · · · · ·	
Trincipus Office address MOST BE A STREET AT	DUNLSS)	
		
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
THE DESTRUCTION OF THE BOX		
		75E
B. If amending the registered agent and/or regist	ered office address on our records onto the	
agent and/or the new registered office address he	re:	`> \(\)
	_	- WA F - 1
Name of New Registered Agent:		· - ·
Name of New Registered Agent.	· · · · · · · · · · · · · · · · · · ·	\ \ \
New Registered Office Address:		30 S
	Enter Florida street address	• a,
	, Florid	a
	City	Zip Code

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.

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>	<u>Address</u>	Type of Action
MGR	Donika Williams	8070 NW 11TH ST	≣ Add
		UNIT 7D	□Remove
		MARGATE FL 33063	_
			□Remove
			□ Change
			□Add
			□Remove
			Change
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an cffe <u>ote:</u> I	ve date, if other the ctive date is listed, the f the date inserted in the control of the contro	date must be spec n this block doe:	ific and cannot b s not meet the a	applicable stati	filing or more than utory filing requi	(option: 190 days after fili rements, this da	ng.) Pursuant to 605.0
ecord is file	specifies a delayed ed.	effective date, b	out not an effec	tive time, at 12	2:01 a.m. on the	earlier of: (b)	The 90th day after t
	February 15th	7)	, 2023	·			
ated _	the In /	} .					
ated _	hallen	Signatur	e of a member o	r authorized rep	resentative of a me	mber	

Filing Fee: \$25.00