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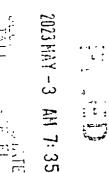
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COVER LETTER

17174	SIOR OF COL	porations		
subject:	Safe Consu	dting LLC		
SODJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return	all correspo	ondence concerning this matter t	to the following:	
		Gabriella Tringali		
			Name of Person	, , , , , , , , , , , , , , , , , , ,
		Frasco Caponigro Winema	n Scheible Hauser & Luttmann, P	LLC
			Firm/Company	
		1301 W Long Lake Road, S	Suite 250	
			Address	****
		Troy, Michigan 48098		
			City/State and Zip Code	
		gt@frascap.com		
		E-mail address: (t	o be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please ca	11:	
Gabriella Tri	ngalil		248 334-6767	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Street Address: 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



Safe Consulting LLC

2023 HAY -3 AH 7: 35

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our reco ability Company)	<u>rds.</u>) . :	
	03/20/2023		3 7 , FL
The Articles of Organization for this Limited Liability Company v	vere filed on 03/20/2023		and assigned
Florida document number 1.23000142066			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ty company here:		
Safe Consulting and Management Services LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "Ll	.C" or the abbrev	iation "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	dress on our records, ent	er the name of	the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:		 .	
New Registered Office Address:			
	Enter Florida street addi	ess	
	, I	Florida	
	City	;	tip 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 of my duties, ovided for in Chapter 605	and I am fam 5. F.S. Or, if ti	liar with and its 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>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
		4	
			□Remove

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Effective date, if other than the fan effective date is listed, the date means the listed in this locument's effective date on the	prock does not meet the appro	able statutory filing requ	(optional) n 90 days after filing.) Pursuant trements, this date will not b	to 605.0201 e listed as
record specifies a delayed effecti Lis filed.	ive date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
	2023	·		
May 1 Henry Win	2023 rman AAA	<u> </u>		

Filing Fee: \$25.00