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12/15/23--01007--006 **25.00

SECRETARY OF STATE

FILED

COVER LETTER

ς,	on of Corp			
SUBJECT:	H4SAF	E SECURITY LLC		
NOBJECT:		Name of Lim	ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l со пс ярог	ndence concerning this matter	to the following:	
		HICHAM ABI CHEBEL		
			Name of Person	
		H4SAFE SECURITY LLC		
		.	Firm/Company	
		4327 OAK TERRACE DR		
			Address	
		GREENACRES, FL 33463	3	
			City/State and Zip Code	
		hichamac 77@gmail.com	to be used for future annual report notif	ication)
For further infor	rmation co	oncerning this matter, please ca	•	
НІСНАМ АВІ			561 7109370	
<u> </u>	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a ch	eck for the	e following amount:		
≡ \$25.00 Filin	ng Fee	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)
	2 Address		Street Address:	
Regist	tration S	ection	Registration Sec	tion

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

\$

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

H4SAFE SECURITY LLC					
(Name of the Limited Liability Comp (A Florida Limited	any as it now appea Liability Company)	r3 on opr records.)		_	
The Articles of Organization for this Limited Liability Company	were filed on	10/31/2023		and as	signed
Florida document number					
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited lial</u>	pility company h	ere:			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the	designation "LLC" o	r the abbrev	iation "L	.L.C."
Enter new principal offices address, if applicable:			رن سنانا	28	
Principal office address MUST BE A STREET ADDRESS)			_23		
			(=1-1) >====================================		
			SVE	5	
Enter new mailing address, if applicable:			<u> </u>	<u> </u>	[]
Mailing address MAY BE A POST OFFICE BOX)			 ∽	<u> ジ</u>	
				30	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our t	ecords, <u>enter th</u>	e name of	the ne	w regis
Navy Pagistarad Office Address					
New Registered Office Address:	Enter Flo	rida street address			
		Flori	da		
	City			ip 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 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

Title	Name	Address	Type of Action
MGR	HICHAM ABI CHEBEL	4327 OAK TERRACE DR GREENACRES, FL 3346	3 _ ■Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ □Remove
			_ DChange
			_ ⊡Add
			□Remove
			_ □Change
			_ 🗆 Add
			_ 🗆 Remove
			_ □Change
			_ 🗆 Add
			_
			_ Change
			_ DAdd
			_ □Remove

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