

8/19/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP
Account Number : I20040000031
Phone : (800)906-9220
Fax Number : (800)906-9880

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAF MANAGEMENT L.L.C.

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Help

AUG 19 2021

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE
STATE OF FLORIDA**

We, the undersigned, do hereby certify that I am the Authorized Person
of **SAF MANAGEMENT L.L.C.**

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of
NEW YORK

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 605.0112, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:

SAF MANAGEMENT LLC FLORIDA

(Name to be used by limited liability company in Florida. NOTE: Name must contain Limited Liability
Company, L.L.C., or LLC.)

ALY KIBAR

Signature Authorized Person

8/19/2021

Date

FILED
2021 AUG 19 PM 2:26
CLERK OF STATE
TALLAHASSEE, FL