Florida Department of State

Division of Corporations Public Access System

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EXAMINER

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TRUST FINANCIAL CONSULTING, LLC

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L03000039782

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: TYUST Financia	1 Consulting, 11C
	Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted	ed for filing.
Please return all correspondence concerning this matter to the	ne following:
Max	Contador.
Max ((Name of Person) Contado r
1543	30 SW 20th lang.
	(Address)
Mra	mi FL 33185.
For further information concerning this matter, please call: (Name of Person)	at (7/6) 355 - 2333 (Area Code & Daytime Telephone Number)
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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ZOOB APR -7 AM 8: 09

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

Trust Fi	nancial Consu	Hina, 11C	
(Name of the Limited Li (A Fi	ability Company as it now appears on or or orda Limited Liability Company)	r records	
The Articles of Organization for this Limited Liab		00039782 and assigned	
Florida document number 2082221	54		
This amendment is submitted to amend the follow	ing;	·	
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Company," the	designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:			
New Registered Office Address:		,	
	(Enter Fl	orida street address)	
	, Florida		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Res	sistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the re- company has been notified in writing of this ch	per and complete performance of my red agent as provided for in Chapter gistered office address, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is rm that the limited liability	
	(If Changing Registered Agent, Sig	nature of New Registered Agenty	
		SSEE, FI	
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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	\sim	Name	\bigcirc	Address		Type of Actio	n
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	_	 -	Typed or	printed name of signee		P A	M
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