

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Trust and Services USA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Matthew Maranges, Esq.

Name of Person

Peterson & Espino, P.A.

Firm/Company

10631 SW 88 Street, #220

Address

Miami, FL 33176

City/State and Zip Code

MMaranges@PetersonEspino.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Maranges

Name of Person

at (**305**) **270-3773**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2014 MAR 10 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Trust and Services USA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/29/2012 and assigned
Florida document number L12000149207.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 19333 Collins Avenue
(Principal office address MUST BE A STREET ADDRESS) #2503
Sunny Isles Beach, FL 33160

Enter new mailing address, if applicable: 19333 Collins Avenue
(Mailing address MAY BE A POST OFFICE BOX) #2503
Sunny Isles Beach, FL 33160

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jorge Alberto Gomez Cadavid
New Registered Office Address: 1 Amalfi Way
Enter Florida street address
Kissimmee, Florida 34758
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.

Jorge Alberto Gomez Cadavid
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

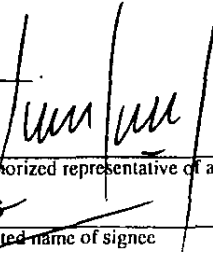
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Diego L. Restrepo	2600 S. Douglas Road	<input type="checkbox"/> Add
		Ste 1007	<input checked="" type="checkbox"/> Remove
		Coral Gables, FL 33134	
AMBR	Humberto Moncada Morales	19333 Collins Avenue	<input checked="" type="checkbox"/> Add
		#2503	<input type="checkbox"/> Remove
		Sunny Isles Beach, FL 33160	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 27, 2014



Signature of a member or authorized representative of a member

Humberto Moncada Morales

Typed or printed name of signee