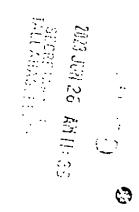
## L130000 [lace]

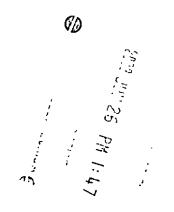
<del></del>	(Requestor's Name)
•	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE 2023

Office Use Only



400410882004





## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MERIDIAN TRUST HOL	DINGS, LLC	<b>!</b>
Please Debit FCA0000000003	3 For: 25	
Thank you Seth Neeley		
Stal		Art of Inc. File
		LTD Partnership File
	ļ	Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
	,	Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitions Name
		Corp Record Search
/ ,		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: SETH 06/2	26/2023	UCC 1 or 3 Fite
Name Date		UCC 11 Search
Nume Date	, time	UCC    Retrieval
Walk-In Will	Pick Up	Courier

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

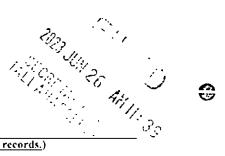
Tallahassee, FL 32314

	N TRUST HOLDINGS, LLC Name of Lin	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERIC GROS-DUBOIS		
		Name of Person	
	EPGD ATTORNEYS AT	LAW, P.A.	
		Firm/Company	
	777 SW 37 AVE. STE 510	)	
		Address	
	MIAMI, FL 33135		
		City/State and Zip Code	
	ERIC@EPGDLAW.COM E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ERIC GROS-DUBOIS		at (_786) _837-6787	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



MERIDIAN TRUST HOLDINGS, 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 01/30/2013	and assigned
Florida document number L13000016061	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I.	Jimited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	red office address on our records, <u>enter the</u> :	e name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
New Registered Agent's Signature, if changing Registe	·	z.ip Coae
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this capacity. I furt I complete performance of my duties, and I agent as provided for in Chapter 605, F. ered office address, I hereby confirm that	I am familiar with and S. Or, if this document is

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
MGR	SOLOMON, NEIL	1855 GRIFFIN RD, SUITE B-428	□Add
		DANIA BEACH, FL 33004	■Remove
			□ Change
			□Add
			Remove
			□ Change
			□Add
			□Remove
			🗀 Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			Remove
			□Change

Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after rid is filed.  JUNE 14  2023  Signature of a number of suppliers a supplicative processorative of a number.	date, if other than the date of filing:	<del> </del>				<del></del>
Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  [Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  [Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after dis filed.  [JUNE 14]  [Auxilia 14]  [Auxilia 14]  [Auxilia 15]  [Auxilia 15]  [Auxilia 16]  [Auxilia 16]  [Auxilia 16]  [Auxilia 16]  [Auxilia 17]  [Auxilia 16]  [Auxilia 17]  [Auxilia 17]  [Auxilia 18]  [A	date, if other than the date of filing:  (optional)  (optional)  (date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (in educe instead in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.  (ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the listed as the seffective date of the point of the seffective date and the seffective date and the seffective date of the seffective dat					
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Filing Fee: \$25.00