

**U16000045211**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H18000303086 3)))



H180003030863ABC\$

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : PRIME ACCOUNTING & CONSULTANCY LLC  
Account Number : I20180000090  
Phone : (407)232-6777  
Fax Number : (407)710-0533

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

Email Address: INFO@PRIMEACCOUNTING.COM

FILED

2018 OCT 19 AM 8:40

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TRUST DEVELOPERS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**T. CLINE**  
OCT 22 2018  
**EXAMINER**

2018 OCT 19 11:10:47

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4180003030863

TRUST DEVELOPERS 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 03/03/2016 and assigned Florida document number L16000045211

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 contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED 2018 OCT 19 AM 8:40

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: PRIME ACCOUNTING & CONSULTANCY LLC

New Registered Office Address: 7345 W. SAND LAKE RD., STE 226

Enter Florida street address

ORLANDO, Florida 32819 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.

If Changing Registered Agent, Signature of New Registered Agent

4180003030863

**If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:**

H 18000303086 3

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

Add  
 Remove  
 Change  
 Add  
 Remove  
 Change  
 Add  
 Remove  
 Change  
 Add  
 Remove  
 Change  
 Add  
 Remove  
 Change

