

L16000077335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

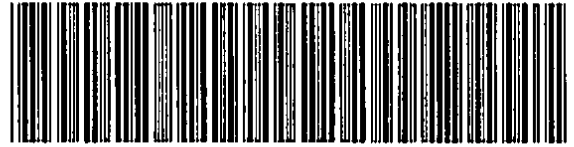
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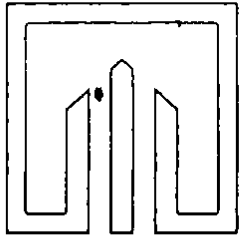
DEC 15 2021



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FILED  
2021 DEC 15 AM 9:18  
CLERK OF STATE



# CORPORATE TRUST FUND

8420 LAKE LUCY DRIVE  
ORLANDO, FL 32818

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November 01, 2021

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

## RESTATEMENT OF ARTICLES OF ORGANIZATION

**Present Name of Company:** Corporate Trust Fund  
**Date of filing of the organization:** November 01, 2021

**Amendment:** To change the Organization of Corporate Trust Fund as follows:  
ADD - Nigel Philip Vieira as CEO and Registered Agent of the organization with full signing authority for all documents, checks and financial responsibility.

CHANGE – Philip Vieira to Manager of the organization with full signing authority.

Elizabeth Vieira will continue as Operations Manager of the organization and continue with full signing authority.

All of the provisions of Corporate Trust Fund's articles of organization are in effect as of November 1, 2021.

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CORPORATE TRUST FUND, 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:

PHILIP VIEIRA  
Name of Person

CORPORATE TRUST FUND  
Firm/Company

8420 Lake Lucy Dr  
Address

Orlando  
City/State and Zip Code

terryv20@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Vieira                      954      632-4172  
Name of Person                      at (      )                      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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

CORPORATE TRUST FUND, 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 04/20/2016 and assigned Florida document number L16000077335.

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)** \_\_\_\_\_

**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:

NIGEL PHILIP VIEIRA

New Registered Office Address:

\_\_\_\_\_  
Enter Florida street address

\_\_\_\_\_, Florida  
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**

2021 DEC 15 4:08 PM  
STATE

**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>	<u>Address</u>	<u>Type of Action</u>
CEO	NIGEL PHILIP VIEIRA	8420 LAKE LUCY DRIVE, ORLANDO, FL 32818	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PHILIP VIEIRA	8420 LAKE LUCY DRIVE, ORLANDO, FL 32818	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

