

L1900070629

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : ALPHA BUSINESS CONSULTING, LLC
Account Number : I200800000061
Phone : (407)582-9830
Fax Number : (407)601-6393

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRUSTFUL WORKERS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

2018 NOV -6 PM 11:54

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUSTFUL WORKERS, 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:

MARIA PINHEIRO

 Name of Person
 ALPHA BUSINESS CONSULTING, LLC

 Firm/Company
 7022 CARLENE DR

 Address
 ORLANDO, FL 32835

 City/State and Zip Code
 pinheiromana@att.net

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

For further information concerning this matter, please call:

MARIA PINHEIRO at (407) 582-9830
 Name of Person 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
2019 NOV -6 P 8 36

TRUSTFUL WORKERS, 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 03/12/2019 and assigned Florida document number L19000070629.

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:

6150 OLD WINTER GARDEN RD

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32835

Enter new mailing address, if applicable:

9248 HOLLISTON CREEK PL

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN, FL 34787

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:

FABIO DE OLIVEIRA

New Registered Office Address:

9248 HOLLISTON CREEK PL

Enter Florida street address

WINTER GARDEN

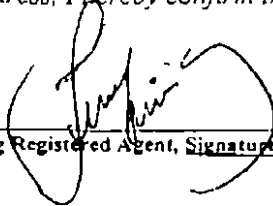
Florida 34787

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.

X 
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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------------------|---------------------------|--|
| AMBR | FABIO OLIVEIRA | 9248 HOLLISTON CREEK PL | <input checked="" type="checkbox"/> Add |
| | | WINTER GARDEN, FL 34787 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | MARCIA RODRIGUES R OLIVEIRA | 9248 HOLLISTON CREEK PL | <input checked="" type="checkbox"/> Add |
| | | WINTER GARDEN, FL 34787 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | KLEBER FROTA DE ARAUJO VERAS | 5963 WESTGATE DR APT 1411 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32835 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | NAIARA DO NASCIMENTO FROTA | 5963 WESTGATE DR APT 1411 | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32835 | <input checked="" type="checkbox"/> Remove |
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