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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT:	One Trust C	COUP, LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Adrie	Locenzo Name of Person	
	One	2 Trust Gray	, LLC
	2750 My	Stic Lake Do, Address	Apt 204
	Oviedo	FL 32769 City State and Zip Code	- D
		to be used for future simual report non	
For further information co	oncerning this matter, please co	nH:	17
Adriel (	Person EO	at ( <u>407</u> ) <u>900</u> Area Code Daytim	-569 $\frac{\pi}{2}$ e Telephone Number $\frac{\pi}{2}$ $\frac{\pi}{2}$
Enclosed is a check for th	, `		
□ \$25.00 Filing Fee	2 S30.00 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 S Division of Co P.O. Box 6321	ection orporations	<u>Street Address:</u> Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

One Trustgro	vo.LIC			
(Name of the Limited Cabilit (A Florida	y Company as it now appears on o Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Co Florida document number <u>L2000022908</u> [	ompany were filed on <u>07</u> (	31/2020	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here: (	)ne Trust Leg	gal Service	ces, UC
The new name must be distinguishable and contain the words "I imi	ted Liability Company," the designa	tion "LLC" or the abbrevia	ttion "L.L.C."	_
Enter new principal offices address, if applicable:	4-14			
(Principal office address MUST BE A STREET ADDR	ESS)		<del></del>	
	<del></del>			_
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			26	_
			<u> </u>	
		<u> </u>		
B. If amending the registered agent and/or registered	office address on our record	s, enter the name of t	heaew regist	<u>tered</u>
agent and/or the new registered office address here:		• • •		
		- · - ·	တ္	
Name of New Registered Agent:		1		vices, LC
New Registered Office Address:				
	Litter Florida stre	vet address		_
		Florida		
	Cuv	Ziq	o Cento	_

## 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 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

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