## L020000 2690



(Re	equestor's Name)	)	_
(Ad	ldress)	<del></del>	
(Ad	ldress)		_
(Cit	ty/State/Zip/Phon	e #)	_
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Na	me)	_
(Do	cument Number	)	_
Certified Copies	_ Certificate	s of Status	_
Special Instructions to	Filing Officer:		
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Office Use Only



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## **COVER LETTER**

Division of Cor			
SUBJECT:	Private M	A Advisors L	.LC
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Reginald	m Berthiaum	<b>L</b>
		Firm/Company	<del></del> -
	3245 S. At	lantic Auc #	508
		City/State and Zip Code	
	E-mail address: (i	290 9ma.1. (	ification)
For further information of	oncerning this matter, please ca	all:	
Rcginald Name o	Berth gume	at (407) 7/8 Area Code Daytin	3 8 8 4 4 ne Telephone Number
Enclosed is a check for the	he 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		<u>Street Address:</u> Registration Se	ection

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

Trivate	MAF	Advisor	s LLC	
( <u>Name</u> of the <u>Limiter</u>	<u>I Liability Compai</u> A Florida Limited I.	ny as it now appe liability Company	ars on our records.)	207
The Articles of Organization for this Limited Lia	bility Company	were filed on _	9/19/200	ع أَمْنُ assigned
Florida document number L0200003	6190			63
This amendment is submitted to amend the follow	ving:			ر <u>ي</u> دي
A. If amending name, enter the new name of t	the limited liabi	lity company l	here:	: 26
Ghack Meche	Y	L C		_
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company." the	designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applical	hle•			
(Principal office address MUST BE A STREET		1616	Concier	ge Blud FL 32117
		Su.te	100	
		DAYton	a Bench	FL 32117
Enter new mailing address, if applicable:				·
(Mailing address MAY BE A POST OFFICE BOX)		P. O.	Box 1	<u>56</u>
				FL 32174
B. If amending the registered agent and/or req agent and/or the new registered office address	_	ddress on our	records, enter the	name of the new registere
	$\mathcal{O}$		$\overline{}$	
Name of New Registered Agent:			m Ber	
New Registered Office Address:	3245 5.	At land, c	orida street address	802
				da 37118
		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

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>	Name	Address	Type of Action
MGR	Reginald Benthipume	P.O. Box 156	□Add
		ormine Beach Florica	□ Remove
		32174	<b>Ş</b> Change
MGR	Tiffany Broyles	P.O. Box 156	i <b>X</b> Add
	ORmand Beach Flor.da	□ Remove	
		32174	□Change
MGR	ERIC Broyles	00. Box 156	\ <b>X</b> Add
		Offmand Bonch FL	□ Remove
		52174	□Change
		<del> </del>	
		<del></del>	□ Remove
			□Change
		<del> </del>	🗀 Add
			🖸 Remove
			□Change
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			□Remove
			□Change

D. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
	<del> </del>
	· · ·
<del></del>	
<del></del>	
	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(I is not meet the applicable statutory filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, becord is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 7/15/2024	. 2024
R	
Signatur	te of a member of authorized representative of a member
[ Keginald	Typed or printed name of signee

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