

L04 000054668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

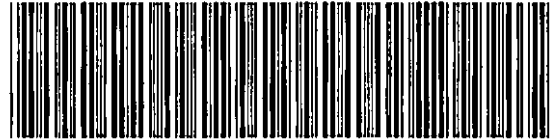
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEC 26 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TRSTE, 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:

Joseph E. Seagle  
Name of Person

Joseph E Seagle PA  
Firm/Company

924 W. Colonial Dr.  
Address

Orlando FL 32804  
City/State and Zip Code

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

For further information concerning this matter, please call:

Joseph E. Seagle at (407) 373-7462  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**AMENDMENT OR CANCELLATION OF STATEMENT OF AUTHORITY**

Pursuant to section 605.0302(2), Florida Statutes, this limited liability company submits the following:

**FIRST:** The name of the limited liability company is: TRSTE, LLC

**SECOND:** The Florida Document number of the limited liability company is: LOU000054668

**THIRD:** The street address of the limited liability company's principal office is:

424 W Colonial Dr. Orlando FL 32804

The mailing address of the limited liability company's principal office is:

924 W Colonial Dr. Orlando FL 32804

**FOURTH:** The date the statement of authority became effective is: 5/20/22

**FIFTH:** The statement of authority is cancelled.

**OR**

The amendment to the statement of authority is

  
Signature of authorized representative

Joseph E. Seagle  
Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)