

L06000026843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

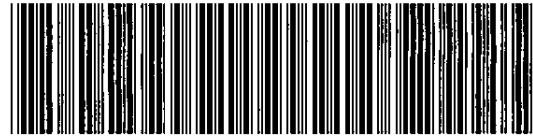
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
10 NOV 15 AM 10:49

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONTRUST COMPANY, 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:

Martha R. Perez
Name of Person

CONTRUST COMPANY, LLC
Firm/Company

8501 SW 124 Ave, Suite 101
Address

Miami FL 33183
City/State and Zip Code

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

For further information concerning this matter, please call:

Martha R. Perez at (305) 274-0400
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**

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CONTRUST COMPANY, 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 03/14/2006 and assigned Florida document number L06000026843.

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 end with 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:

Martha R. Perez

New Registered Office Address:

8501 SW 124 Avenue, Suite 204,

Enter Florida street address

Miami
City

Florida

33183
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

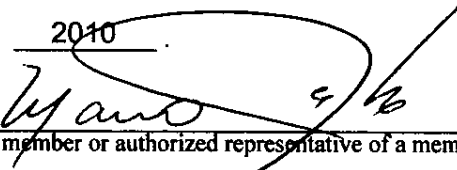
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Martha R. Perez	8501 SW 124 Ave Suite 204 Miami FL 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
ST	Martha R. Perez	8501 SW 124 Ave Suite 204 Miami FL 33183	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Mariano J. Perez	8501 SW 124 Ave Suite 204 Miami FL 33183	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
ST	Mariano J. Perez	8501 SW 124 Ave Suite 204 Miami FL 33183	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TREA	Mariano J. Perez	8501 SW 124 Ave Suite 204 Miami FL 33183	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

TREA=TREASURER

Dated 09/15/2010



Signature of a member or authorized representative of a member

Mariano J. Perez

Typed or printed name of signee

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