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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

Division of Co			
SUBJECT: TRUST	RESIDENTIAL SERVIC	ES, LLC	
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	•
	SCOTT A. BURR/ M	MARC B. MASTER (Name of Person)	
	TRUST RESIDENTI		
		(Firm/Company)	
	1521 ALTON ROAD	, #446 (Address)	07 SEC TALL
	MIAMI BEACH, FLC		DEC AHAS
		(City/State and Zip Code)	7 P)
For further information	concerning this matter, please o	eall:	PMI2: 02 RY OF STATE SEE, FLORID
SCOTT A. BURR		at (305) 867-3943	<u> </u>
(Name	of Person)	(Area Code & Daytime	Felephone 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)
MAII	INC ADDRESS.	CTDEET/COURIER	. A DDDESS.

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**

TRUST RESIDENTIAL SERV (Name of the Limited Liability Company as it not (A Florida Limited Liability Co	VICES, LLC w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed	d on 03/26/2007 and assigned
Florida document number <u>L07000032256</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	oany here:
The new name must be distinguishable and end with the words "Limited Liabilit 'L.L.C."	ty Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered office address tere:	ess on our records, enter the game of the new
	DEC 17
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street Aress
	, Florida

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> Name **Address Type of Action** MGRM MARC B. MASTER 1521 Alton Road #446 Add Miami Beach, Florida 33139 Remove MGRM MICHAEL D. DAVENPORT 1521 Alton Road #446 ___ Miami Beach, Florida 33139 Remove MGRM • MASTER REAL ESTATE 1521 Alton Road #446 Add Miami Beach, Florida 33139 Remove SERVICES INCORPORATED Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 13 2007 Signature of a member or authorized representative of a member Scott A. Burr, General Counsel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00