

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800367656938

06/17/21--01019--025 **25.00

2021 AUG 26 PH 1: U2 SECRETARY CLS IN E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Disnotum Truestment Strategres,

(A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>LOTOOO 3601</u> 7	ny were filed on 44001 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbrevial \$200 "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	N min
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Delege	Tohnson Jake Po. Emer Florida street address Cin Code
New Registered Agent's Signature, if changing Registered Agen	e agricum

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 Agen

If amenuing 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>	<u>Name</u>	Address	Type of Action
Ambr	Elizabeth 1	Superter	□Add
			□Change
AMBR	Henry John	50()	
			Remove
			□Change
			SECRETARY CONTRACTOR OF THE PROPERTY OF THE PR
			20216AUG 276 PHOLO2021
			
			□Remove
		·	□ Change
			CIRemove
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	-		
			DRemove
			1.179

Elizabeth Carr Henry Johnson Thank you.		8ns		
Thank you.				
				<u>. </u>
				
	shall o	emain.	S 192	262
James James	L. Wo		<u>Sap</u>	= = = =
- Angeli	3 (2/9	٧٠	- 注:	
	Than!	K you		
			CT IN) -
				
Effective date, if other than the date of filing fan effective date is listed, the date must be specific and cannot be proposed. If the date inserted in this block does not meet the app document's effective date on the Denattment of State's report	for to date offiling or m	(optio	,	o 605.0207 (
document's effective date on the Department of State's recor	ds.	g requirements, this	date will not be	: listed as t
record specifies a delayed effective date, but not an effective d is filed.	r time, at 12:01 a.m. c	on the earlier of: (b)	The 90th day	after the
Dated July 26	WA			
Scatter of memorial	thorized representative	of a member		•

Filing Fee: \$25.00