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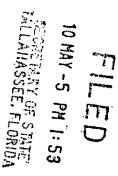
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D. BRUCE.
MAY 1 0 2010
EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: PRO	VICLENCE RUST Name of Limit	Parionald	
SUBJECT:	Name of Limit	ted Liability Company	
	(varie of Blinn	out 2.a.oy	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	·
	GABRIEllA	Tembras Name of Person	
	Providence	Name of Person ZUST Company Firm/Company	
	P.o. Box 45.	- 2.041, ~ Address	
	MIDMI, +	City/State and Zip Code	ONG DA
	Protrust com E-mail address: (1	1 PANY & GMAIL - CD . To be used for future innual report notificati	SEEF FLORID
For further information	concerning this matter, please c	all:	**: S
CabriellA Name	Penbas	at (305) 753-755 Area Code & Daytime Te	
•		•	•
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROUDENCE TRUST 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 v	were filed on 2 19 2016 and assigned				
Florida document number L10000019301					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity 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)	77 70				
[Trucipal Office address Prost BE A STREET ADDRESS]	20 II				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 45-204 P M MIAMI FL. 33145 55				
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:	NW. 92 AVENUE				
New Registered Office Address: 5721	NW. 92 AVENUE Enter Florida street address				
7 . 1					
	City, Florida 33 1 78 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.

()) [[

t, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR → Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
NGRM	ARTURO BAUZA	5721 NW 92 AVENUE DOKAL, FL 33178	Add Remove
MGRM	GABRIELLA TEMBRAS	P.O. BOX 45-2041 MIAMI JFL. 33145	Add Remove
			Add Remove
Property Malabase Street, and			Add Remove
 			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
Dated		·	10 May - S
	Signature of a member	r or authorized representative of a member	LED PH 1:53
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00