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J. BRYAN

MAR 1 9 2012

EXAMINER

COVER LETTER

TO: Registrat Division	ion Section of Corporations		
SUBJECT:	Trust	Motors, LLC	
	Name of Lim	ited Liability Company	···
	les of Amendment and fee(s) are su	•	
riease return an co	rrespondence concerning this matte	r to the following:	
		Chris Russell	د ے
		Name of Person	12 M
	н	unter & Associates, PA	FILE PH 1:29 2012 HAR 16 PH 1:29 SECRETARY OF STATE TALLAMASSEE, FLORIO
		Firm/Company	Post of M
	Fig. 3		
		1 Baymeadows Rd, Ste 4 Address	
	J	acksonville, FL 32217	DA CO
		City/State and Zip Code	
	E-mail address:	crussell@huntercpa.com E-mail address: (to be used for future annual report notification)	
For further informa	tion concerning this matter, please	call:	
Sa	ed Henry K. Akkoub	at (513) 7	87-8888
, n	ame of Person	Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount:		
✓ \$25.00 Filing F	ee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fce & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
N	IAILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ust Motors, LLC				
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear a Limited Liability Company)	s on our <u>records.</u>)			
(**************************************	,				
The Articles of Organization for this Limited Liability	Company were filed on	1/20/2012	and assigned		
Florida document numberL12000009569			9		
**************************************			10 E 1		
This amendment is submitted to amend the following:			TALCRETASSEE		
_			聖言		
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	10 m		
		_	图 主		
The new name must be distinguishable and end with the w	ords "Limited Liability Compa	ny," the designation "	LLC" or the abbre vation		
"L,L.C."			ALE O		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	ORESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
(Matting dataress MAT BE A TOST OFFICE BOX)		<u></u>			
B. If amending the registered agent and/or regi	istered office address on o	ur records, enter	the name of the new		
registered agent and/or the new registered office ad					
Name of New Registered Agent:					
2					
New Registered Office Address: Enter Florida street address					
	Linei Pioriaa sireel aaaress				
		, Florida	7: 0 1		
	City		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 = Manaj MGRM = Mar	ger naging Member		
Title	Name	Address	Type of Action
MGRM	Saed Henry Akkoub	6540 Murray Ave Apt 3 Cincinnati_OH.45227	Add Z Remove
<u>MGRM</u>	Saed Henry K. Akkoub	6540 Murray Ave Ant 3 Cincinnati_OH 45227	☑ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Ramove
D. If amending	g uny other information, enter change(s) here: (Attach additional sheets, if necessary.)	2012 HAR 16 PM 1: 30 SECRETARY OF STATE TALLAHASSEE, FLORID
<u></u>			PH 1: 30 SEE, FLORIDE
Deted	March 7 . 2012		D D D
		nuthorized representative of a member	
	lyped or p	lenry K. Akkoub chited name of signee	

Page 2 of 2

Filing Fee: \$25.00