Division of Corporations Electronic Filing Cover Sheet

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(((H130002644143)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087 Phone : (954)389-1333

Fax Number

: (954)389-1397

\*\*Enter the email address for this business entity to be used for fut annual report mailings. Enter only one email address please.\*\*

Email Address:

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUST CONTROL INTERNATIONAL, LLC

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December 4, 2013

#### FLORIDA DEPARTMENT OF STATE

TRUST CONTROL INTERNATIONAL, LLC Division of Corporations 7225 NW 25 STREET, SUITE 211 MIAMI, FL 33122

SUBJECT: TRUST CONTROL INTERNATIONAL, LLC

REF: L13000042310

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please give the type of action for the managing members. They are listed on our records as managers.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown Regulatory Specialist II

FAX Aud. #: E13000264414 Letter Number: 013A00027628

\_\_ and assigned

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



### TRUST CONTROL INTERNATIONAL, LLC

The Articles of Organization for this Limited Liability Company were filed on 3/11/2013

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number <u>L33000042310</u>				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company h	<u>ere</u> :	
The new name must be distinguishable and end w	ith the words "Limi	ited Liability Com	pany," the designation "ULC" or the abbreviati	
Enter new principal offices address, if applicable:		2721 EXECUTIVE PARK DRIVE		
Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		SUITE 4		
		WESTON, FL 33331		
		2721 EXEC	CUTIVE PARK DRIVE	
		SUITE 4		
		WESTON,	FL 33331	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>'</u> :	our records, enter the name of the n	
	2721 EXECUTIVE PARK DRIVE. SUITE 4			
New Registered Office Address	Enter Florida sweet address			
	WESTON	·		
	AAESTOIA	City	Florida 33331 Zip Code	
		Cny	rape v. crace	

### 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 chitics, and Lam familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608-FS. 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.

MGR = Manager

9543891397

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:

MGRM = Managing Member <u>Title</u> Name | <u>Address</u> Type of Action Angel Navarro **MGR** 2721 EXECUTIVE PARK DRIVE SUITE 4 Add WESTON, FL 33331 Remove Geanine Navarro 2721 Executive Park Dr., Suite 4 MGR WESTON, FL 33331 Remove Remove Remove Remove

D. If a	mending any other information, exter change(s) here: (Attach additional sheets, if necessary.)
	·
ated_	18 3 . 2013
	Signature of a member of authorities representative of a member
	ANGEL NAVARRO
	Typed or printed name of signec

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Filing Fee: \$25.00