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(Reque	stor's Name)	
(Addre	SS)	
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(City/S	tate/Zip/Phone #))
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(Docur	nent Number)	
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COVER LETTER

TO: Registration Division of C		∶ન ૪ .	
_{SUBJECT:} 350	S Trust, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	nitted for filing.	
Please return all corres	spondence concerning this matter t	to the following:	
·	Daniel Cohe	n	
		Name of Person	
	PrivCap Cor	npanies, LLC	<u>-</u>
	,	Firm/Company	
* * * * *.	7200 W Can	nino Real Suite	200
		Address	
	Boca Raton,	FL 33433	
		City/State and Zip Code	
		apcompanies.com o be used for future annual report noti	Figation)
For further informatio	n concerning this matter, please ca	•	neallotty
Daniel Co	hen	_{at} 561 952-2	501
Nam	e of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	r 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

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

350S TRUST LLC				
(Name of the Limi	ted Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited L Florida document number L13000062750	iability Company were filed on 04/30/	2013	and assign	ed
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company here:			
The new name must be distinguishable and end with the	words "Limited Liability Company," the design	ation "LLC" or the ab	breviation "L.L.	C."
Enter new principal offices address, if applie	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
			•	
Enter new mailing address, if applicable:				·· ····· ·
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and registered agent and/or the new registered of				the new
Name of New Registered Agent:			77, ELO	
New Registered Office Address:	7491 N FEDERAL HWY STE		C, 4	
	BOCA RATON	, Florida <u>33</u>	487.	e e salver e e salver
New Registered Agent's Signature, if changing	City Registered Agent:		Zip Code	
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	per and complete performance of my a istered agent as provided for in Chap registered office address, I hereby co	luties, and I am fo ter 605, F.S. Or, i nfirm that the lim	imiliar with a if this docume ited liability	ınd

Page 1 of 3

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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			□ Add
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			 □ Add
· · · · ·			— D
			□ Remove
			Remove
			Add: ::
			☐ Rémove
			Add
			□ Remove

Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated Signature of a member Augustized representative of a member DANIEL COHEN		7 m. 1 44	1 125 L	7°	
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated AUGUST 28 Signature of a member of authorized representative of a member					
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated AUGUST 28 Signature of a member of authorized representative of a member					
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Signature of a member of authorized representative of a member	•	••	• • • • • • • • • • • • • • • • • • • •		
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	(The effective date must the date this document	st be specific, cannot be print is filed by the Florida De	or to date of receipt or filed date and opartment of State)	cannot be more than 90 days after	

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Filing Fee: \$25.00