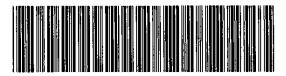
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COVER LETTER

	tion Section of Corporations		
subject:T	rusted Investm	euts LLC ited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are sub-	mitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
	James Cap	od un po Name of Person	
	Trusted I	NUES + ments LLC	
	3732 Las	Address)
	Lake Worth	FL 33 46 1 City/State and Zip Code	
	James Capad E-mail address: (to be used for future annual report notific	ation)
For further inform	nation concerning this matter, please ca	all:	
Digne	Burus Name of Person	at (56) 193- Area Code Daytime	8536 Telephone Number
Enclosed is a che	ck for the following amount:		
\$25.00 Filing	Fee S30.00 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

TRUSTED IN VES (Name of the Limited Liability Compa (A Florida Limited)	T MENTS LLC	-
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup 1400153466 \).		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
N A The new name must be distinguishable and contain the words "Limited Liabil		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA	
(Principal office address MUST BE A STREET ADDRESS)	N/A	
		,
Enter new mailing address, if applicable:		
(Malling address MAY BE A POST OFFICE BOX)		<u>. 2</u>
	MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent: NA		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	aZip Code
	•	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending 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 Type of Action <u>Title</u> Name **Address** 7773 Quida Or BAdd Steven A. YURMAN MMBR West Palm Brach FL 33411 _□ Change _ 🗆 Add ☐ Remove _ Change □ Add □ Remove _□ Change 1 □ Add ☐ Remove ☐ Change D-Add ☐ Remove ☐ Change □ Add ☐ Remove

D Change

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<u> Note:</u> If	e date, if other the date is listed, the fate inserted at a crise the date inserted at a crise effective date	in this block do	es not meet	the applicable	date of filing or e statutory fili	more than 90 day ng requiremen	(optional) ys after filing.) ts, this date w	Pursuant to 605,02 vill not be listed	07 (3 as th
	rd specifies a (Oth day after			, but not a	n effective	time, at 12	:01 a.m. o	n the earlier	of:
Pated	FEBRUAR	12		2017	•				
		12	41						
						e of a member			
	_	James.	· m	APON	?~~ 0 ame of signee				
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Page 3 of 3

Filing Fee: \$25.00