Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000309015 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ACBOTAX CORP

Account Number : I20190000033

Phone

: (786)703-5142

Fax Number

: (786)703-8148

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TROSS ONE LLC

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COVER LETTER

TO: Registration Sec Division of Corp			
TROSS ONE	LLC		
SUBJECT:	Name of Limit	ed Liability Company	
	Amendment and fee(s) are subm		
Please return all correspon	idence concerning this matter to	o the following:	
	ARGENTUM CAPITAL P.	ARTNERS LLC	
		Name of Person	
	TROSS ONE LLC		
		Firm/Company	
	1541 SUNSET DRIVE SU	ITE 303	
		50.8	
	CORAL GABLES, FL 331	43	SEP SEP
		City/State and Zip Code	
	OSVALDO@ARGENTUM	CAPITAL	
	E-mail address: (to be used for future annual report notific	#tion)
For further information of	oncerning this matter, please co	all:	* 10: 15 No. 15
OSVALDO MACEDO	NETO	561 665-1866 at ()	7 5
Name o	f Person		Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Foe & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre	55 .	<u>Şireet Address:</u>	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

H20W0309015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROSS ONE LLC			<u></u>	
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on our liability Company)	Lecolde)	
The Articles of Organization for this Limited Li Florida document number L15000009517	ability Company	were filed on 01/15/2013		
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
N/A				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1541 SUNSET DRIVE		
		SUITE 303		
		CORAL GABLES, FL	33143	
Enter new mailing address, if applicable:		1541 SUNSET DRIVE		
(Mailing address MAY BE A POST OFFICE BOX)		SUITE 303		
		CORAL GABLES, FL	33143	
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office ess here:	address on our records	, enter the name of the new registered	
Name of New Registered Agent:	ACBOTAX C	ORP		
New Registered Office Address:	1541 SUNSET	DRIVE SUITE 303		
New Registered Office Address.		Enter Florida stre	et address	
	CORAL GAB	LES	, Florida ³³¹⁴³	
		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 605, 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

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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

<u>Title</u>	Name	Address	Type of Action
MGR	ARGENTUM CAPITAL PARTNERS LLC	1541 SUNSET DRIVE	
		SUITE 303	□Remove
		CORAL GABLES, FL 33143	≘ Change
			□Add
			□ Remove
			☐ Change
			□ Remove
			[] Change
			□ Петоче
			□Change
		<u></u>	
			Change
			□Add
			□Remove
		<u></u>	

<u></u>	
	
	
	
	
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ffective date, it	other than the date of filing: (optional)
an effective date is Note: If the date	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locument's effect	ive date on the Department of State's records.
record specifies d is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
09/01/2020 Dated	
/aicu	AND 1 11
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
OSVA	ALDO MACEDO NETO
	Typed or printed name of signee

Filing Fee: \$25.00