

**L15000105574**

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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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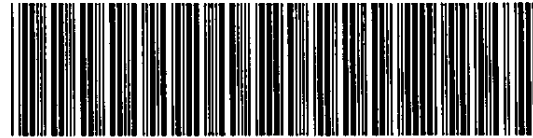
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

JAN 05 2017

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Consult Motors, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony B. Portigliatti

\_\_\_\_\_  
Name of Person

Portigliatti Group, LLC

\_\_\_\_\_  
Firm/Company

5950 Lakehurst Dr. Suite 169

\_\_\_\_\_  
Address

Orlando, FL 32819

\_\_\_\_\_  
City/State and Zip Code

ap@fcuonline.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruno Portigliatti

407

492-2782

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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**

Consult Motors, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/17/2015 and assigned  
Florida document number L15000105574.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Reunion Trust, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

5950 Lakehurst Drive, Suite 169

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, FL 32819

**Enter new mailing address, if applicable:**

5950 Lakehurst Drive, Suite 169

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, FL 32819

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Portigliatti Group, LLC

New Registered Office Address:

5950 Lakehurst Dr., Suite 169

*Enter Florida street address*

Orlando


, Florida 32819

*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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	MYC Investments, LTD	1350 Centre Court Ridge Dr. #201	<input type="checkbox"/> Add
		Reunion, FL 34747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Foreign Direct Investment, LLC	5950 Lakehurst Dr., Suite 169	<input checked="" type="checkbox"/> Add
		Orlando, FL 32819	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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MASSACHUSETTS, FLORIDA

17 JAN -4 PM 1:24  
TAMMSEE FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Filing Fee: \$25.00**