# L15000150762

(Requestor's Name)
(Address)
(Address)
(1.1.1.1.1.1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900332901089

08/09/19--01006--011 \*\*25.00

AUG 14 2019 S. YOUNG

> CSEIVEX CE 217.2 CSEIVEX CE 217.2

## **COVER LETTER**

	Registration Sect Division of Corp			
SUBJEC		c Consulting, LLC		
SOBOLC	••	Name of Limit	ted Liability Company	
The enclo	sed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	o the following:	
		Christina Cox		
			Name of Person	
		Trendcentric Consulting, LL	С	
			Firm/Company	
		2220 SE 13th Street		
			Address	
		Pompano Beach, Fl 33062		
		christinacoxcgi@gmail.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notifica-	ntion)
For furthe	er information con	ncerning this matter, please ca	II:	
Christina	Сох		954 980-7112	
	Name of	Person	at ()	elephone Number
Enclosed	is a check for the	following amount:		
\$25.0	0 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 Taliahassee, Fl. 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trendcentric Consulting, LLC						
(Name of the Limited	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liab Florida document number L15000150762	and assigned					
This amendment is submitted to amend the follow						
A. If amending name, enter the new name of t	he limited liab	ility company here:				
Cruise Solutions, LLC						
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Enter new principal offices address, if applical	ole:	2220 SE 13th St Pompano Beach, FL 33062				
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new mailing address, if applicable:		Same as above				
(Mailing address MAY BE A POST OFFICE BO	<u>() () () () () () () () () () () () () (</u>		11 14 19 11 11 11 11 11 11 11 11 11 11 11 11			
B. If amending the registered agent and/or registered agent and/or the new registered officers.			ter the name of the n			
Name of New Registered Agent:	Same		6: 5 			
New Registered Office Address:		Enter Florida street address	—————————————————————————————————————			
		. Florida				
		City , Florida	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> No Change	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			D Add
			☐ Remove
			□ Change
	<del></del>		Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change

	<u></u>					· <u> </u>		
			_,	<u>.</u>			· · · · · · · · · · · · · · · · · · ·	-
				<del></del>	<del></del>			Ē.
							- 1-18- 7	-
	<del></del>							
					- <del></del>			
	<del></del>				·			
							<del></del>	-
	<del>.</del>	· · · · · · · · · · · · · · · · · · ·		<del></del>		<del></del>		-
	·····							-
								-
								•
								•
								•
								<u>-</u>
<u>lote:</u> If t	date, if other ve date is listed, the the date inserted 's effective date	l in this block d	loes not meet	the applicable	te of filing or more statutory filing re	(option than 90 days after f quirements, this o	nal) iling.) Pursuant to 605 date will not be list	5.0207 ed as
	d specifies a Oth day after			, but not an	effective tim	e, at 12:01 a.	m. on the earli	er o
ated	gust 5	-A	2	019				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00