# L 15000162399

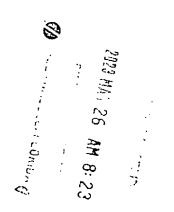
	(Requestor's Name)	
	(Address)	
	(//////////////////////////////////////	
	(Address)	
	(0) (0) (7)	<u></u>
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
•	(Business Entity Name)	
<del></del>	(Document Number)	
	(====,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified Copies	Certificates of S	Status
r <del></del>	<del></del>	
Special Instructions to	Filing Officer:	
	J. HORNE	
	MAY 2 6 2023	
	tatas =	

Office Use Only



300409495513





# COVER LETTER

TO: Registration Se Division of Cor	ction <sup>**</sup> porations		
SUBJECT: Trust	ed Improve	ments of The	Treasure Coast LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	George Ma	Cario Name of Person	
		Firm/Company	<del></del> -
	270 Sw Vo	Hair Ter, PSL, F	L 34984
		City/State and Zip Code	
	gmac 772 (a	Dicked.com to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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

### Street Address:

Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trusted Improvements of The Trasure (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	Coast LLC
The Articles of Organization for this Limited Liability Company were filed on 9/23/1	15 and assigned
Florida document number <u>L 15000 162 399</u> .	
This amendment is submitted to amend the following:	20
	<b>323</b> SEC
A. If amending name, enter the new name of the limited liability company here:	AREA TO
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" o	or the abbreviation—L.L.C.
Enter new principal offices address, if applicable:	
, , , , , , , , , , , , , , , , , , , ,	
(Principal office address MUST BE A STREET ADDRESS)	
	<u>.</u> .
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the agent and/or the new registered office address here:	e name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
. Flori	ida
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager\*
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Yohama Macario	-	🗀 Add
		PSL FL 34984	
			□Change
AMBR	Rosalinda Macario	270 Sw Voltair Ter	□Add
		PSL, FL 34984	GRemove
			□Change
			🗀 Add
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
	-		□Add
			□Remove
			[]Change
			□Add
			□Remove
			Change

		er information,						
		_				· · · · · ·		<del></del>
			<u> </u>			_		
_			<del></del>	<u> </u>		· ·		<del> </del>
_	-,-							
_								
								<del></del>
_	<u> </u>					<del></del>	<u>-</u> _	<u> </u>
_	_	<del>-</del>	<del>,_</del> -				<del></del>	
			<u> </u>		<del></del> -			<del>-</del>
		_						
	-	<del>-</del>	<del>-</del>				·	
		<u> </u>		. <del></del>		••-		<del></del>
		<del></del>					<del></del>	<u>-</u>
				, <u>.</u> .			_	
							<del></del> -	
_		<del></del>					. <del>.</del>	
						- <del></del>		
n effec i <mark>te:</mark> 11	tive date is listed I the date insert	er than the date the date must be specified in this block do ate on the Departm	cific and cannes es not meet t	he applicable	ate of filing or : statutory filii	nore than 90 day	(optional) ys after filing.) I ts. this date w	Pursuant to 605.0207 ill not be listed as
cord is file	specifies a dela d.	yed effective date,	but not an ef	ffective time,	at 12:01 a.m.	on the earlier	of: (b) The	90th day after the
ed	5-26-	-23	<u></u>					
		1011	/ 		<b>3</b> '			
	$\mathscr{Y}$	Sminat	are of a memb	er or authorize	o representativ	of a member		
			<b>.</b> ∕\		me of signee			