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COVER LETTER

	Registration Se Division of Cor			
		RUSTY HUB LLC		
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		KARIM QI	UAZZANI	
		 	Name of Person	
		TRUSTY H	IUB LLC	
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Firm/Company	
		19380 COLLIN	NS AVENUE #816	
			Address	
		SUNNY ISLES	S BEACH, FLORIDA 33160	
			City/State and Zip Code	
		azi70@AOL.0		
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please co	all:	
KARIM	QUAZZANI		954 632-5120 Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	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:

TO:

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

TRUSTY HUB 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 OCTOBER 26, 2015 and assigned Florida document number L15000181894
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
Maning duaress MAT BE A TOST OFFICE BOAY
B. If amending the registered agent and/or registered office address on our records, enter the name of the ner registered agent and/or the new registered office address here:
Tegstered agent and/of the new registered office address here.
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
Florida S. F.
City C Zin Gode

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>	Address	Type of Action
MGR	MARCELO ANDRE MENDES	Rua M Bento Alves 982 sapiranga	Add
		93800-000 Brazil	□ Remove
			Change
MGR	RAFAEL ALBERTO BORN	Av. Mauá, 984 Sapiranga - RS	Add
		93800-000 Brazil	□ Remove
			Change
			☐ Remove
			Change
			🗖 Add
			Remove
			Change
			Add
		<u> </u>	Remove
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			□ Remove
			☐ Change

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Filing Fee: \$25.00