160000 79604

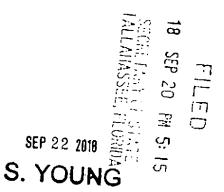
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COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: Pro	Nater & Mo Name of Lim	LL Remediators ited Liability Company	LLC		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
·	Nicholas Marin				
	 	Name of Person			
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
··	1654 Bayonne st			18. 18	
·	Sarasota, Fl 34231	Address		TLA TORK 38	77 =
	nickmarin24@Gmail.com	City/State and Zip Code		O PM 5:	
	E-mail address: (to be used for future annual report no	otification)	03.1 5: 1	
For further information o	concerning this matter, please c	all:		NUM 15	
Nicholas Marin		941 5365607			
Name o	of Person		ime Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pro Water & Mo	ld Remediators	LLL
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our a nited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Com	pany were filed on	2/2016 and assigned
Florida document number (CALLY) (CALLY)		•
L 16000079604 This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Trusted Construction	Services 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:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		SE T
··		20 LE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
•		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		cords, enter the name of the new
registered agent and/or the new registered office address	<u>sitere</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street	address
		_, Florida
	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 = Ma AMBR = Au	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		<u> </u>	Change
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.•			□ Change
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	A	- SEI -
Effective date, if other than the date of filing:		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	e will not be li	sted as
document's effective date on the Department of State's records.	LOKID LOKID	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.		— filer of
Dated September 17th, 2018.		
MANI Ma		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00