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(Red	questor's Name)	-
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COVER LETTER

	Registration Se Division of Cor				
eun in e		GROUP LLC			
SUBJEC'	1:	Name of Lin	nited Liability Company		
		Amendment and fee(s) are sub	-		
Please reti	urn all correspo	ondence concerning this matter	to the following:		
		Amir Moshe			
			Name of Person		
		TRUSTED GROUP LLC			
			Firm/Company		
		POB 4134		•	Paris High Ages Ages
			Address		-> T
		Clearwater FL 33758			
		2409310@gmail.com	City/State and Zip Code		> 5
		E-mail address: (to be used for future annual report notifi	ication)	 ১১ জ
For furthe	r information c	oncerning this matter, please c	alf:	۴*	
Amir Mo	she		727 2767447 at ()		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

TRUSTED GROUP LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.)	
, , , , , , , , , , , , , , , , , , ,	······································	
the Articles of Organization for this Limited Liability Company	were filed on	and assigned
lorida document number 1.17000212310		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
•		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		77 77 77
Inter new mailing address, if applicable:		ا سمس ليرا
Mailing address MAY BE A POST OFFICE BON		> ;11
many maress Mari Distrition of Tree Board		ラ
		26
3. If amending the registered agent and/or registered of	fice address on our records, e	• •
egistered agent and/or the new registered office address here		Met Mile Williams
Name of New Registered Agent:		
Nume of the wegistered regent.	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Γ Γ!	
	Enter Florida street address	
	Florid	a
	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>	Address	Type of Action
MGR	ZANO ITZHAK	2 TOPAZ ST, RISHON LEZION ISRAEL 75403	■ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
		***	☐ Remove
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	59	7
fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to dote: If the date inserted in this block does not meet the applicable	ate of filing or more than 90 days after filing.) Pursuant to	605.020 listed :
cument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not a The 90th day after the record is filed.	n effective time, at 12:01 a.m. on the ea	arlier (
ted		
	d representative of a member	_
Signature of a mem est of annionize	a representative vira member	

Page 3 of 3

Filing Fee: \$25.00