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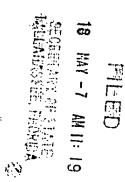
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COVER LETTER

то:	Registration Se Division of Cor			
SUBJE		al Estate Services LLC		
SUDJE		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	return all correspon	ndence concerning this matter	to the following:	
		Mark Johnston Mgrm		
			Name of Person	
		Generous Investment Prop	erties, LLC	
		<u></u>	Firm/Company	
		PO Box 363		
		4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Address	·
		Gotha, FL 34734		
			City/State and Zip Code	
•		gipi@cfl.rr.com		
		E-mail address: (to be used for future annual report no	tification)
For furt	her information co	oncerning this matter, please ca	all:	
Mark Jo	ohnston Mgrm		407 7047653 at ()	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.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: 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 **ARTICLES OF ORGANIZATION OF**

Trusted Real Estate Services LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12/26/17 and assigned
Florida document number L17000261630	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
Trusted Real Estate, LLC	بد
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	三
Principal office address MUST BE A STREET ADDRESS)	
•	
•	
Enter new mailing address, if applicable:	20
Mailing address MAY BE A POST OFFICE BOX)	6.9
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	ffice address on our records, enter the name of the e:
Name of New Registered Agent:	
New Registered Office Address:	
	, Enter Florida street address
· <u></u>	, Florida
·	City Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	. <u>Name</u>	Address	Type of Action
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			☐ Remove
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Effective date, if other than the factive date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet th	e applicable stati	filing or more than 90 cutory filing requirement	_ (optional) lays after filing.) Pursua ents, this date will no	unt to 605,0207 It be listed as
ne record specifies a delay The 90th day after the r		but not an eff	Fective time, at 1	2:01 a.m. on the	e earlier of
Dated May 4,	, 201	8			
, , <i>(</i>)	1 /				
Made	Signature of a membe	r or authorized rep	M resentative of a membe	г	

Page 3 of 3

Filing Fee: \$25.00