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DIVISION OF CORPORATION

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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Div	ision of Corp	porations		
		restments Solo 401k Trust, LLC	•	
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub-	nitted for filing.	
Please returr	all correspo	ndence concerning this matter	to the following:	
		Sandra Segura		
			Name of Person	<del></del>
		Assured Investments Solo	401k Trust, LLC	
		-	Firm/Company	
		292 Bridgeton Road		
			Address	<del></del>
		Weston, FL 33326		
		A4	City/State and Zip Code	
		ssnj2004@yahoo.com	to be used for future annual report notifi	cation)
For further i	nformation c	oncerning this matter, please ca		
Sandra Segi	ıra		201 914-0892 at ( )	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for t	ne following amount:		
\$25,001	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Assured Investments Solo 401k Trust, 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  $\frac{4/9/2018}{}$ and assigned Florida document number  $\underline{\frac{L18000088253}{}}$ 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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
AMBR	George Clair	303 Racquet Club Road, Weston FI	
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Page 3 of 3

Filing Fee: \$25.00