

h18000161906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

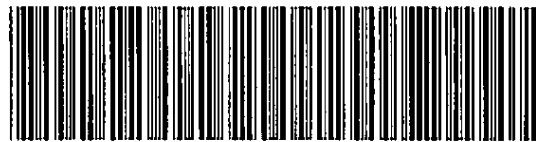
(Document Number)

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07/15/22--01022--001 **60.00
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DEC 19 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
22 OCT 25 PM 6:15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2022

MARK JOHNSTON
P.O. BOX 352
WINDERMERE, FL 34786 US

SUBJECT: TRUSTED REAL ESTATE SERVICES LLC
Ref. Number: L18000161906

*See Attached
Correction*

We have received your document for TRUSTED REAL ESTATE SERVICES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The ~~last~~ page of the amendment is missing and cannot be processed. Please include the first page with the require fields filled out.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850)245-6052.

Summer Chatham
Regulatory Specialist II

Letter Number: 222A00022540

2022 OCT 11 1:33 PM

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRUSTED REAL ESTATE SERVICES 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 07/03/18 and assigned
Florida document number 118000161906.

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)

248 MAGUIRE RD

OCOE FL 34761

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 352

WINDERMERE FLORIDA 34786

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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:

MARK JOHNSTON MGR

New Registered Office Address:

248 MAGUIRE RD

Enter Florida street address

OCOE

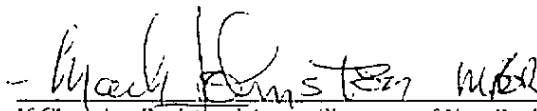
City

Florida 34761

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GENEROUS INVESTMENT PRO	9300 CONROY WINDERMERE RD #352	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARK JOHNSTON	PO BOX 352 WINDERMERE FL 34786	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DIVISION OF CORRECTIONS
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/12/2022

Signature of a member or authorized representative of a member

Typed or printed name of signee