L19000136117

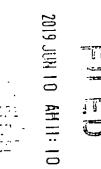
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000330178230

06/10/19--01032--035 **25.00



C. GOLDEN
JUN 2 4 2019

COVER LETTER

TO:

Registration Section Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLGA PERDOMO		
		Name of Person	
	OLGA PERDOMO PLLC		
		Firm/Company	
	2328 CITADEL WAY, SU	UTE 103 # 111	
		Address	
	VIERA, FL 32940		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report	notification)
For further information c	concerning this matter, please ca	all:	
		at ()	
Name o	of Person	Area Code Day	time Telephone Number
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COU	JRIER ADDRESS:

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



2019 JUN 10 AM 11: 10 TRUSTED GROUP PRO, PLLC (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 $\frac{5/20/2019}{1}$ and assigned Florida document number $\frac{1.19000136117}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OLGA PERDOMO PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2328 CITADEL WAY SUITE 103 # 111 Enter new principal offices address, if applicable: VIERA, FL 32940 (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

____. Florida ___

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	OEGA PERDOMO	2328 CITADEL WAY SUITE 103 # 111, VIERA FL 32940	Add
			□ Remove
			Add
			□ Remove
			□ Change
			Remove
			Change
			Remove
		 	Change
			
		□ Remove	
			Change
			□ Add
			□ Remove
			☐ Change

				_ _			
		_	_	•			
							 -
	·						
						.	
	· · · · · · · · · · · · · · · · · · ·			<u> </u>			
=							
		•				<u> </u>	
					_		
		-		<u>.</u>	- · · · · ·		
				••	<u>.</u>		
						-	
E. Effective	date, if other than t	he date of fili	ng:			(optional)	
	e date is listed, the date rie date in this						
	s effective date on the			iote statutory in	mg requiremen	is, this date will	not be nated to
f the recor	specifies a delay	ed effective	date, but no	t an effective	e time, at 12	:01 a.m. on t	the earlier o
b) The 90	th day after the r	ecord is filed	d.				
[1]	VE 3		2019	<u></u>			
Dated				-· / L)		
				(1×	1x/		
		Signature of	a member or author	rized representat	ive of a member		

Page 3 of 3

Filing Fee: \$25.00