# 119000 202393

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## **COVER LETTER**

	Registration Se Division of Cor			
em me		N TRUST, LLC		
SUBJEC	.1:	Name of Lin	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
14		MADELIN DIAZ		
			Name of Person	
٠ ;		SCHWEITZER-RAMRAS	S & DIAZ, P.A	
			Firm/Company	
		7975 NW 154th Street, St	nite 340	
1		-	Address	· <del>·····</del>
;		Miami Lakes, Florida 330	16	
		madelin@schramrasdiazpa.	City/State and Zip Code	
		•	to be used for future annual report not	ification)
For furthe	er information c	oncerning this matter, please c	all:	
Madelin	Diaz		786 2993947	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>\$</b> \$25.0	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)
باز. دار				
·:	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPELLMAN TRUST, LLC			T SM ST	
( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	iny as it now appears on our recor Liability Company)	ds.)	
The Articles of Organization for this Limited L Florida document number L19000202393	iability Company	were filed on <u>08-08-2019</u>	and assigned  Graph School	
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	il <u>ity company here</u> :		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic		7975 NW 154th Street		
(Principal office address MUST BE A STREET ADDRESS)		Suite 340		
		Miami Lakes, Florida 33016		
i				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
		CC		
B. If amending the registered agent and registered agent and/or the new registered of			is, enter the name of the new	
Name of New Registered Agent:	Schweitzer-Rai	uras & Diaz, P.A.		
New Registered Office Address:	7975 NW 154tl	h Street, Suite 340		
÷:		Enter Florida street addre	255	
نو	Miami Lakes		lorida <u>33016</u>	
		City	Zip Code	

### New Registered Agent's Signature, if changing Registered Agent:

Phereby 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

Page 1 of 3

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>	Type of Action
AMBR	Madelin Diaz	7975 NW 154th Street	
		7. 2.40	
		Suite 340	Remove
·1		Miami Lakes, Florida	u Kemove
1			☐ Change
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
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ative date if other than the	data of filings		(optional)	
ctive date, if other than the effective date is listed, the date must e: If the date inserted in this bloament's effective date on the De	be specific and cannot be pock does not meet the ap	orior to date of filing or m plicable statutory filin	ore than 90 days after filing	.) Pursuant to 605.0
record specifies a delayed ne 90th day after the reco	effective date, but ord is filed.	not an effective t	ime, at 12:01 a.m.	on the earlier
November 12th,	2019	·		
	//			
	Signature of a plember or a	authorized representative	AHBE of a member	<u></u>

Page 3 of 3

Filing Fee: \$25.00