N19 0000261383

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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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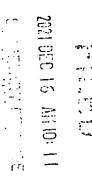
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COVER LETTER

Division of Corp	porations			
SUBJECT:	ust Elnvestme. Name of Lim	nt holding LCC.		
	Amendment and fee(s) are sub			
	`	Name of Person trant holding to Firm/Company	LC.	
	357 E 6 S	Address Address B3010 City/State and Zip Code		
For further information co	ncerning this matter, please ca		Celephone Number	
Enclosed is a check for the \$\sumset\$\$ \$25.00 Filing Fee	e following amount: S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	ڗؙ

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trust Elnvestment	holding LLC.	
(Name of the Limited Liabil	lity Company as it now appears on our record Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability (Company were filed on $10/30/2$	olg and assigned
Florida document number <u>L 19000 261383</u>		, —
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	•	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	258
		lorida
		rays cirue

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 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jose Yunier Bello Cruz	357 E 6 S+ #206	Add
		Haleah FL, 33010	□Remove
			□ Change
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	Add	New	AMB	ρ.			
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an effective dat <u>Vote:</u> If the da	, if other than the e is listed, the date mu te inserted in this b ective date on the E	ist be specific and collock does not me	annot be prior to et the applicab	date of filing or mo le statutory filing	(option re than 90 days after the requirements, this	nal) filing.) Pursuant to 605 date will not be liste	6.0207 (3) ed as the
record specification is filed.	es a delayed effecti	ve date, but not a	n effective time	e, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	r the
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