

L20 0000069993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

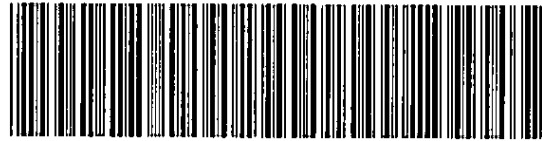
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2020 JUN 16 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRUST INVEST GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CIRO NOCCIOLI MONTEIRO ALVES

Name of Person

TRUST INVEST GROUP LLC

Firm/Company

221 LONGVIEW AVENUE # 7-104

Address

CELEBRATION - FLORIDA - 34747

City/State and Zip Code

ciro@trustinvestgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CIRO NOCCIOLI MONTEIRO ALVES

321 442 9680
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

RECEIVED
APR 24 2020

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

TRUST INVEST GROUP 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 03/03/2020 and assigned
Florida document number L20000069993

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

City

Florida

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>
AMBR	CIRO N. MONTEIRO ALVES	221 LONGVIEW AVE #7-104	☒ Add
		CELEBRATION FLORIDA - 34747	☐ Remove
			☐ Change
			☐ Add
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			☐ Remove

2020 JUN 16 AM 10:15
CIRQUE DU SOLEIL
FALL LAISSÉ, FLORIDA

2620 JUN 16 AH ID: 15
SECRET
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-15-2001 BY 60322 UCBAW

2620 JUN 16 AHID: 15
SECRETARY OF DEFENSE
PALLAH, S. S. E. L. DRID,

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020Y

Signature of a member or authorized representative of a member

CIRO NOCCIOLI MONTEIRO ALVES

Typed or printed name of signee