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| SUBJE | The Trust | ted Companies, LLC | | |
| SUBJE | | Name of Lin | nited Liability Company | |
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| The encl | losed Articles o | of Amendment and fee(s) are sub | omitted for filing. | |
| Please re | eturn all corresp | pondence concerning this matter | to the following: | |
| | | Christian C. Walters, Esq. | | |
| | | <u>. </u> | Name of Person | |
| | | Barry L. Miller, P.A. | | |
| | | | Firm/Company | |
| | | Trusted Companies. LLC Name of Limited Liability Company icles of Amendment and feets) are submitted for filing. Correspondence concerning this matter to the following: Christian C. Walters, Esq. Name of Person Barry L, Miller, P.A. Firm/Company 11 N. Summerlin Ave., Ste. 100 Address Orlando. Florida 32801 City/State and Zip Code pedro.marrero@engelvoelkers.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: ters, Esq. Name of Person Area Code Daytime Telephone Number ck for the following amount: Pee Soc. 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy is enclosed) Address: Address: Address: Address: Area Code Status & Certificate Copy (additional copy is enclosed) City State and Zip Code pedro.marrero@engelvoelkers.com E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: ters, Esq. Name of Person Street Address: Registration Section not Corporations on of Corporations The Centre of Tallahassee | | |
| | | | Address | |
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| | | | City/State and Zip Code | |
| | | pedro.marrero@engelvoelk | ers.com | |
| | | E-mail address: (| to be used for future annual report not | (fication) |
| For furth | ner information | concerning this matter, please o | all: | |
| Christia | n C. Walters, E | isq. | | |
| | Name | of Person | Area Code Daytim | te Telephone Number |
| Enclosed | l is a check for | the following amount: | | |
| ≡ \$2 5. | 00 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | Mailing Addre | | | otion |
| | - | | - | |
| | P.O. Box 63 | | | |
| | Tallahassee, | FL 32314 | | e Street, Suite 810 |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

)F 792375 00 PN 4:31

| The Trusted Companies, LLC | | | |
|--|--|---|--------------------------------------|
| (Name of the Limi | ted Liability Company (A Florida Limited Liab | as it now appears on our ollity Company) | records.) |
| The Articles of Organization for this Limited I. Florida document number <u>L20000075729</u> | iability Company we | ere filed on 2/27/20 | and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | of the limited liabilit | y 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 applie | cable: | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | |
| | - | ,, | |
| Enter new mailing address, if applicable: | _ | | |
| (Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | | |
| | - | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | lress on our records, | enter the name of the new registered |
| Name of New Registered Agent: | Barry L. Miller, P. | Α. | |
| New Registered Office Address: | 11 N. Summerlin A | | |
| · — — — — — — — — — — — — — — — — — — — | | Enter Florida street | address |
| | Orlando | | Florida |
| | | City | 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 |

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other than the | date of filing: | (options | an |
| n effective date is listed, the date mus | st be specific and cannot be prior to o | late of filing or more than 90 days after fili | ng.) Pursuant to 605.02 |
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| | Signature of a member or authorize | ed representative of a member | |

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