## 1200000 86244

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

TRUSTED	MILE, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Shayla Crenshaw		
		Name of Person	•
	Trusted Mile, LLC		
	•	Firm/Company	
	4527 Ring Neck Road		
		Address	<del></del>
	Orlando, Fl 32808		
		City/State and Zip Code	
	trustedmilelle@gmail.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further information c	oncerning this matter, please/ca	И:	
Shayla Crenshaw		321 428-2009 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filing Fee	S30.00 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 Addres	<u>s:</u>	Street Address:	
Registration Section		Registration See	
Division of C P.O. Box 632		Division of Corp The Centre of T	
Tallahassee, l			arranassee e Street, Suite 810
- · · · · · · · · · · · · · · · · · · ·		Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. , . . . . .

TRUSTED MILE, LLC			2070 111 PM 6: 48
( <u>Name of the Limited I</u> (A	<mark>Liability Compa</mark> Florida Limited I	ny as it now appears on our record Liability Company)	<u>(1s.)</u>
The Articles of Organization for this Limited Liabi Florida document number <u>L20000086244</u>	ility Company 	were filed on March, 20th, 202	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	<u>ie limited liab</u> i	lity company here:	
The new name must be distinguishable and contain the word	ls "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.1C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET)	<u> 4DDRESS)</u>		
Enter new mailing address, if applicable:	<b></b> .		
(Mailing address MAY BE A POST OFFICE BO	<u>)A)</u>		<del></del>
B. If amending the registered agent and/or regi		ddress on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:		<del></del>	<u></u>
		Enter Florida street addres	N,
-	_	, Fl	orida Zip Code
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Shayla Crenshaw	4527 Ring Neck Road	<b>=</b> Add
		Orlando, Fl 32808	□Remove
			Change
AMBR	Marcus Jones	4527 Ring Neck Road	<b>=</b> Add
		Orlando, Fl 32808	□Remove
			Change
	<del></del>		🗆 Add
			□ Remove
			Change
			Remove
			Change
		□Remove	
			Change
			□Remove
			☐ Change

Effective date, if other than the date of filing:  [In office date, if other than the date of filing:  [In office date, if other than the date of filing:  [In office date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days ofter filing. Pursuant to 605 9207 of the filing in the date will not be listed as locument's effective date on the Department of State's records.  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]  [In office date on the Department of State's records.]	-	
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Signature of a member or authorized representative of a member		
	ated	May 13th 2020
Shayla Cranchaw		Signature of a member or authorized representative of a member
		Sharka Czanekaw