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Barry L. Miller*
David Berman
Robert Garcia
Christian Walters
Kayla Manning, Legal Asst.

April 6, 2020

VIA UPS

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

RE: REAL ESTATE WHOLESALE CONSULTING SERVICES, LLC ARTICLES OF AMENDMENTS

To Whom It May Concern:

Enclosed for amendment, please find one original and one copy of the Articles of Amendments for the above-referenced limited liability company. Please file the same and return one letter of acknowledgement to our office located at 11 N. Summerlin Ave. Stc. 100, Orlando, Florida 32801. The check in the amount of \$25.00 for the required filing fee is also provided herein.

Please contact our office at 407-423-1700 or <u>kayla@barrymillerlaw.com</u> should you have any questions or require additional information.

Sincerely,

Kayla Manning

KM/ms

Kayla Manning Legal Assistant For the Firm

Enclosure(s) Articles of Amendments

Check No.: 20579

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

REAL EST	ATE WHOLESALE CONSUI	TING SERVICES, LLC				
SUBJECT.	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Chrisitan C. Walters					
		Name of Person				
Barry L. Miller, P.A.						
		Firm/Company				
	11 N. Summerlin Avenue,	Suite 100				
Address						
	Orlando. Florida 32801					
		City/State and Zip Code				
	E-mail address: (to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Christian C. Walters		407 423-1700 at ()				
Name of Person		Area Code Daytin	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
S\$\overlight\sigma \text{S25.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection			
Division of C		Registration Section Division of Corporations				
P.O. Box 632	•	The Centre of				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REAL ESTATE WHOLESALE CONSULTING SERVICES, 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 March 26, 2020 and assigned Florida document number L20000090983 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Trusted Property Partners, LLC 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
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			□Remove
			
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			CORING CIRCUMS
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Filing Fee: \$25.00