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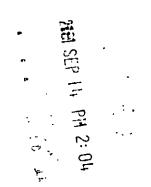
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COVER LETTER

TO:

Registration Section

Division of Corporation	15		
SUBJECT: Trustwo	rthy Jan	nitorial Services LLC ited Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are sub-	mitted for filing.	
Please return all correspondence of	concerning this matter	to the following:	
	Carlos	Andres Rendon	
T	rustworthy	Janitorial Services Firm/Company	LLC
	4621 Ba	elgian LN	
		FL 33314 City/State and Zip Code	
	9mlbusine E-mail address: (1	City/State and Zip Code SSUSA Q A MAI I (COM) to be used for future/annual report notification)	
For further information concerning	g this matter, please ca	all:	
, , , , , , , , , , , , , , , , , , ,	-	at (<u>186</u>) 2860671. Area Code Daytime Telephone Number	
Name of Person		Area Code Daytime Telephone Number	
Enclosed is a check for the follow	ing amount:		
	0.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Mailing Address: Registration Section Division of Corporat P.O. Box 6327 Tallahassee, FL 323		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 94/27/2020 and assigned Florida document number L20000113306.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Trustworthy Financial Consulting

The new name must be distinguishable and contain the words "Limited Liability Company, the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Davie, FL 33314

Enter new mailing address, if applicable:

(Mailing address MAT BE A POST OFFICE BON)

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:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

Car

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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ctive date, if other than the date of filing: OB 131170 effective date is listed, the date must be specific and cannot be prior to date of filing of If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	(optional) (optional) r more than 90 days after filing ling requirements, this date	g.) Pursuant to 605.0
ford specifies a delayed effective date, but not an effective time, at 12:01 a.t filed.	m, on the earlier of: (b) TI	he 90th day after
J. August 31st 2021		

Filing Fee: \$25.00