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COVER LETTER

Registration Section

Division of Corporations

TO:

Trust Sig	ning Solutions LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Rafael Montero		
		Name of Person	
	Trust Signing Solutions LI	LC	
		Firm/Company	
	4361 Fox Glen Loop		
		Address	
	Kissimmee, FL 34746		
		City/State and Zip Code	
	Betopproducer@gmail.com		
	E-mail address: (to be used for future annual report no	ufication)
For further information	concerning this matter, please c	all:	
Rafael Montero		954 825-6550 at ()	
Name	e of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check fo	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)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{120000113322}{120000113322}$.	pany were filed on 04/27/2020	and assigned
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 I	Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 JAN -4 [
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the name	of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	Zip Çode
	Cut	zip ¢oαe

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

Trust Signing Solutions LLC

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 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

(11()))	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
MGR	Fernando Leano	439 W Vine Street, Kissimmee, FL 34741	≡ Add
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ective date, if other than the	date of filing:	(option:	
effective date is listed, the date must	be specific and cannot be prior to date of ock does not meet the applicable state	filing or more than 90 days after filing requirements, this d	ng.) Pursuant to 605.020 are will not be listed:
ument's effective date on the De		nony ming requirement, mis or	
	date, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after the
s filed.			
December, 29	2020		
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1/2/1	/ monday	`)	