L2000 121848

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
9 5	q4	





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COVER LETTER

Registration Section

D:

Division of Cor	porations		
F 5 45 A 4 5 C 5 6 4 5	ST DISTRIBUTION,LLC		
UBJECT:	Name of Lim	ited Liability Company	
'he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	RICARDO ALERTES		
		Name of Person	
	ONE TRUST DISTRIBUT	TION LLC	
		Firm/Company	
	3501 W VINE STREET S	UITE 341	
		Address	· · · · · · · · · · · · · · · · · · ·
	KISSIMMEE, FL 34741		
		City/State and Zip Code	
	RICARDO.ALERTES@Y.	VHOO.COM to be used for future annual report no	otification)
For further information c	oncerning this matter, please c		
RICARDO ALERTES		407 653-9524	
Name o	f Person	Area Code Dayii	ime Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration S		Street Address: Registration S	Section
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303



November 9, 2020

RICARDO ALERTES ONE TRUST DISTRBUTION LLC 3501 W VINE STREET STE 341 KISSIMMEE, FL 34741

SUBJECT: ONE TRUST DISTRIBUTION, LLC

Ref. Number: L20000121848

We have received your document for ONE TRUST DISTRIBUTION, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

THE OPTIMUM GROUP L.L.C. - L20000255599

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00022363

Shelia S Young Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE TRUST DISTRIBUTION, LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 05/05/2020	and assigned
lorida document number L20000121848	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
ONE TRUST TRADING. LLC		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or	r the abbreviation "L.IC."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DECC)	
Inter new mailing address, if applicable:		
		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
 If amending the registered agent and/or registere gent and/or the new registered office address here: 		e name of the new regist
gent unavor the new registered office address siere.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

|GR = Manager | MBR = Authorized Member

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			🗀 Add
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<u>:ote:</u>	ve date, if other than the date of filing:
record d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	SEPTEMBER 02 , 2020 , ———————————————————————————
	// // `
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00