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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : IMPROVED REVENUE SERVICE INC

Account Number : I20190000119 Phone : (786)552-2905 Fax Number : (786)733-1744

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUST COMMUNITYCENTER LLC

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TO:

17867331744

**COVER LETTER** 

→ 18506176383

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Registration Section **Division of Corporations** 

SUBJECT:	CT. TRUST COMMUNITY CENTER LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
		CARLOS PUIG	
		Name of Person	
	TRUS	T COMMUNITY CENTER L	LC
		Firm/Company	
		1401 SW 126 PL	
		Address	
		MIAMI, FL 33184	
		City/State and Zip Code	.,
	IMPR	OVEDRESE@YAHOO.COM to be used for future annual report not	1
			incarion;
For further informatio	n concerning this matter, please c	un.	
C	ARLOS PUIG	at (786 ) 306 261	<del></del>
Nan	e of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	or the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	<ul> <li>\$55.00 Filing Fee &amp; Certified Copy (additional copy is enclosed)</li> </ul>	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ado Registratio		Street Address: Registration So Division of Co	
P.O. Box 6	6327	The Centre of	Tallahassee
Tallahasse	e, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H20000191307 3))

A. If amending name, enter the new name of the limited liability company here:  TRUST COMMUNITY CENTER LLC  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)  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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	TRUST COMMU	NITYCENTE	R LLC	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  TRUST COMMUNITY CENTER LLC  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)  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  Florida	(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears ability Company)	on our records.)	<del></del>
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  TRUST COMMUNITY CENTER LLC  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)  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  Florida		vere filed on	06/12/2020	and assigned
A. If amending name, enter the new name of the limited liability company here:  TRUST COMMUNITY CENTER LLC  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)  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 register agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address  Florida  Florida	Florida document number <u>L20000163127</u> .			
TRUST COMMUNITY CENTER LLC  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)  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  Florida	This amendment is submitted to amend the following:			
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Name of New Registered Office Address:  New Registered Office Address:  Enter Florida street address  Florida	B. If amending the registered agent and/or registered office a	ddress on our re	cords, <u>enter the nai</u>	ne of the new register
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Enter Florida strect address  Florida  Florida				T) '- **
	New Registered Office Address:	Enter Flori	da street address	
			Planta.	
Cur Zip Code		City	, Florida _	Zip Code
N'an Darietarad Agent's Signature if changing Degistered Agent	Name Danietored Agent's Signature if changing Registered Agent:			
	New Registered Office Address:			PH 9: 05
Now Dogistared Agent's Signature if changing Registered Agent	New Registered Agent's Signature, if changing Registered Agent:			
	provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of t provided for in C	ny duties, and I am hapter 605, F.S. O	familiar with and r, if this document is
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	company has been notified in writing of this change.	-		-
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	2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2			
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				
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	H Char	oing Registered Age	ent, Signature of New R	tegistered 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:

→ 18506176383

MGR = Manager AMBR = Authorized Member

· 06/22/2020 1:19 PM ·

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<u>Title</u>	Name	<u>Address</u>	Type of Action
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fan effective <b>Note:</b> If the	tate, if other than the date of date is listed, the date must be speed date inserted in this block do effective date on the Department	ific and cannot be prior to date of filing or more than 90 days s not meet the applicable statutory filing requirement	(optional) ys after filing.) Pursuant to 605.0207 ts, this date will not be listed as
record spe d is filed.	ecifies a delayed effective date,	out not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
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		Typed or printed name of signee	

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