120 000218789

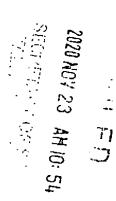
(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(Oktyotate/Zipi: Holic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500355440925

11/23/20--01016--011 **25.00



LA . 12/30/20

то:	Registration Se Division of Cor					
cunt	NEW TRU	STING CARE LLC				
20B1	.CI:	Name of Lim	nited Liability Comp	any		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		NANCY TORRES				
			Name of Per	son		_
		NEW TRUSTING CARE	ELLC			
			Firm/Comp:	элу	_ 	_
		16012 WHIPPOORWILL	CIRCLE			
		<u> </u>	Address			_
		WESTLAKE, FL 33470				
		-	City/State and Zi	n Code		_
		SERROT45@GMAIL.CO	•	,		
		E-mail address: (to be used for future	annual report	notification)	
For fur	ther information c	oncerning this matter, please c	all:			
NANC	Y TORRES		770	912-399	5	
	Name o	f Person	at (Area Co) ode Day	rtime Telephone Numb	 er
Enclose	ed is a check for th	he following amount:				
₹ \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filis Certified C	-	Certifie	ate of Status &
_		7				
	Mailing Addres	35:	<u>s</u>	treet Address	<u>:</u>	
/	Registration S	Section \		egistration		
	Division of C	- ,			Corporations	
	P.O. Box 632	;			of Tallahassee	
	Tallahassee, l	FL 32314/		415 N. Mor allahassee,	nroe Street, Suite	810
			1			

TO ARTICLES OF ORGANIZATION OF

NEW	TRU	IST	ING	CA	RE	LL	.C
-----	-----	-----	-----	----	----	----	----

(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 07/24/2020	and assigno
Florida document number L20000218789		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "L.L.C.
Enter new principal offices address, if applicable:	2393 SOUTH CONGRESS AVENUE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 132	2020
	PALM SPRINGS, FL 33406	3 ,
		23
Enter new mailing address, if applicable:	2393 SOUTH CONGRESS AVENUE	P (1
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 132	5 5
	PALM SPRINGS, FL 33406	ភ្
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name	of the new re
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>i</u>	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply v provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
MGR	Edvardo Vignar	16012 Whippounuill Circle	← □Add
		Edvardo Viginau	Externove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		 	□Remove
			□Change
			□Add
			□Remove
		.	□Change
			□Add
			□Remove
			□Change
		·	□Add
			□Remove
			□ Changa

_	
-	
-	· · · · · · · · · · · · · · · · · · ·
-	
_	
-	
-	
-	
-	
-	
-	
-	
-	
-	
(If an eff Note:	ive date, if other than the date of filing:
he recor ord is fi	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 led.
Dated	Signature of a member or authorized representative of a member
	Signature of a member of animative of a member
	NANCY TORRES