

120000367029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

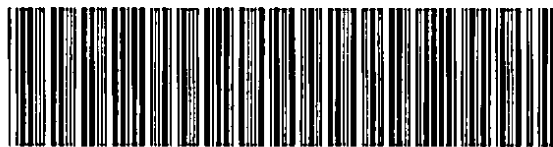
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000384592020

03/30/22--01012--005 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 JUN 13 PM 3:19

T. MATTHEWS

JUL - 6 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

2022 JUN 13 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FL

April 12, 2022

NADA CHEHAB  
6110 POWERS AVE STE 12  
JACKSONVILLE, FL 32217

SUBJECT: AITRUSTIC LLC  
Ref. Number: L20000367029

We have received your document for AITRUSTIC 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 registered agent must sign accepting the designation.

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.

Tekayla T Matthews  
OPS

Letter Number: 622A00008503

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AITRUSTIC LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nada Chehab  
Name of Person  
Cedar Accounting Inc  
Firm/Company  
6110 Powers Ave. Ste 12  
Address  
Jacksonville, FL 32217  
City/State and Zip Code  
info@cedaraccountinginc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nada Chehab 904 280-6664  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

AITRUSTIC LLC

22 JUN 13 PM 3:19

(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 11/19/2020 and assigned  
Florida document number L20000367029.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Cedar Accounting Inc

New Registered Office Address:

6110 powers Ave #  
Enter Florida street address

Jacksonville Florida 32217  
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.*



If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

[illegible]

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

I need to change the line of work for this business, the business activity will be Elderly Home Care

The company will not be selling, or in the selling business, it will be an elderly Home care

There will be no Sales tax attached to this business

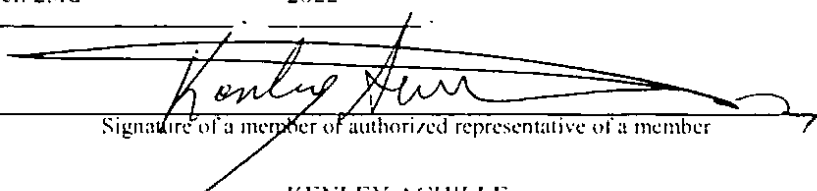
**E. Effective date, if other than the date of filing:** 01/01/2022 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated March 23rd 2022

  
Signature of a member or authorized representative of a member

KENLEY ACHILLE

Typed or printed name of signer

**Filing Fee: \$25.00**