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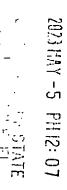
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:

	ition Section of Corporations		
	sted Exports LLC		
SUBJECT:	Name of Limite	ed Liability Company	<del></del>
The enclosed Arti	icles of Amendment and fee(s) are subm	nitted for filing.	
Please return all c	correspondence concerning this matter to	o the following:	
	Otto Rosado		
		Name of Person	
	Trusted Exports LLC		
	<del></del>	Firm/Company	<del></del>
	2523 Dad Weldon Rd		20
		Address	023 HAY
	Dover, FL 33527		· · · · · · · · · · · · · · · · · · ·
	otto.rosado@trustedexp.com	City/State and Zip Code	PH 2: 07
	E-mail address: (to	be used for future annual report notific	ation) 2:
For further inform	nation concerning this matter, please cal	1;	rn 🖰
Otto Rosado		813 551-9180	
	Name of Person		Felephone Number
Enclosed is a chec	ck for the following amount:		
<b>■</b> \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Registra Divisio P.O. Bo	Address: ration Section on of Corporations ox 6327 assec, FL 32314	Street Address: Registration Section Division of Corportion The Centre of Tail 2415 N. Monroe Stallahassee, FL 3	orations Hahassee Street, Suite 810

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

w appears on our records.) impany)
d on December 14.2020 and assigned
pany here:
ny," the designation "LLC" or the abbreviation "L.L.C."
202
(A)
Pri 2:
on our records, enter the name of the new regist
Enter Florida street address
, Florida
Zip Code
I

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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

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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Herlinda M Carrillo	2523 Dad Weldon Rd.	
		Dover, FL.	■Remove
		33527	□Change
			☐ Remove
			Change
			PH 12 Remove
			rri → □Change
· · · · · · · · · · · · · · · · · · ·			□Add
			Remove
			□Change
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Tective date if other	than the date of filin	ıg: _		(optional)	
an effective date is listed, to the inserted at the date inserted at the	the date must be specific and in this block does not it is on the Department of	d cannot be prior to date meet the applicable st	of filing or more than 9	00 days after filing.)	Pursuant to 605.020 vill not be listed a
record specifies a delay is filed.	red effective date, but no	t an effective time, at	12:01 a.m. on the ea	arlier of: (b) The	90th day after th
		2023			ξΞ. 2023 ΗΛΥ
M 2 1		2023		<u> </u>	
May 2nd		, <del> </del>			
ated May 2nd		, <u></u>		·	1
ated May 2nd	Signature of a	member or authorized a	representative of a men	nber	क विश्व
May 2nd	Signature of a	member or authorized a	representative of a men	nber "1-",	1