L21000185172

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COVER LETTER

TO:

TO: Registration Division of	on Section f Corporations	
	T I SOLUTION LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.
Please return all cor	respondence concerning this matter	to the following:
	MARTHA SHERILL	
		Name of Person
	TRUST I SOLUTION LE	.c
	****	Firm/Company
	3595 SHERIDAN ST STE	£ 105
		Address
	HOLLYWOOD, FLORID	DA 33021
	MARTHATAX06@GMAI	City/State and Zip Code IL.COM
	E-mail address:	(to be used for future annual report notification)
For further information	tion concerning this matter, please o	call:
MARTHA SHERII	.l.	786 356-2363
N	ame of Person	Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:	
€ \$25.00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	ion Section of Corporations	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**

TRUST I SOLUTION LLC					
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on 04/21/2021 and assigned				
Florida document number L21000185172					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
TRUST 1 SOLUTIONS LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LL.C."				
Enter new principal offices address, if applicable:	3595 SHERIDAN ST				
(Principal office address MUST BE A STREET ADDRESS)	STE 105				
	HOLLYWOOD, FLORIDA, 33021				
Enter new mailing address, if applicable:	3595 SHERIDAN ST				
(Mailing address MAY BE A POST OFFICE BOX)	STE 105				
	HOLLYWOOD, FLORIDA, 33021				
	2023 SE TAL				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registere				
agent and/or the new registered office address here.	TAR				
Name of Name Davids and Aurors	# TI				
Name of New Registered Agent:	1				
New Registered Office Address:	Enter Florida street address 50 50				
	**				
	Florida City				

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 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
			□Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
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			□Remove
			□Change

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ffectiv	e date, if other than the date of filing: (optional)
	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nt's effective date on the Department of State's records.
	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
l is filed	
l is filed	
l is filed	4-6-2023
l is filed	4-6-2023 Hatha Sherid Signature of a member or authorized representative of a member

Typed or printed name of signee