K21000374647

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T. MATTHEWS DEC 10 2021

COVER LETTER

Div	rision of Cor	porations		
SUBJECT:	СКЛ. РКО	FESSIONAL SERVICES, LL		
SOBJECT.		Name of Lin	nited Liability Company	
The enclosed	f Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please returr	i all correspo	ondence concerning this matter	to the following:	
		GLAUCIA BASTOS		
			Name of Person	·
		TRUST CIRCLE SERVIC	'ES LLC	
			Firm Company	
		1001 EAST SAMPLE RO	AD 10E	
			Address	
		POMPANO BEACH FLO	RIDA 33064	
			City-State and Zip Code	
			STUIRCLE@ GMAIL.COM	
,			to be used for future annual repo	rt notification)
For further in	nformation c	oncerning this matter, please c	all:	
GLAUCIA I	BASTOS		954 245912 at ()	
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed is a	i check for th	ne following amount:		
□ \$25,00 I	filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)
,				

Mailing Address:

TO:

Registration Section

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: OF OF 21 REVICES, LLC 21 REVICES, LLC

CRJL PROFESSIONAL SERVICES, ELC

(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 <u>08/20/20</u>	21 and assigned
Florida document number 1.21000374647		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designa	tion "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 a agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	C II ,	гар с оне
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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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If agrending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = M AMBR = A	lanager uthorized Member	Address 21 HOV 20 FH 3: 13 Type of A		
<u>Title</u>	<u>Name</u>	Address 21 MOV 29 FM 3: 13	Type of Action	
AMBR	Renata de Souza Barbosa Ramos	10411 BOCA SPRINGS DRIVE		
		BOCA RATON FLORIDA 33428	□Remove	
			🗀 Add	
			□Remove	
			□ Change	
			🗆 🗆 Add	
			□Remove	
				
			□Remove	
			□ Change	
			□Add	
			□Remove	
				
				
			□Remove	

_____ □Change

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e:	date, if other than the date of filing:
core s fil	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	VEMBER 19TH 2021
ted _	
	Signature of a member or authorized representative of a member
	CLEBER LUCIANO DE PAULA RAMOS