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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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T. MATTHEWS NOV 3 0 2021

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	A INVESTMENT TRUST (EU	ROPE) LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	EDDIE SINGLETARY			
		Name of Person		
	HELVETIA INVESTMEN	TT TRUST (EUROPE) LLO	C	
	- ,	Firm/Company		
	121 SOUTH ORANGE AV	VENUE, SUITE 1500		
		Address		
	ORLANDO, FLORIDA 3	2801		
	4 - 00.2	City/State and Zip Code		
	pace9790@aol.com E-mail address: (to be used for future annual re	port notification)	
For further information c	oncerning this matter, please ca			
Eddie Singletary			4072	
Name c	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &	
Mailing Addre		Street Add		
Registration Division of C		_	Registration Section Division of Corporations	
P.O. Box 632	-		tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 107 12 17 3:02

HELVETIA INVESTMENT TRUST (EUROPE) LLC

(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>10/21/2021</u>	and assigned	
Florida document number L21000458519			
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 Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	121 SOUTH ORANGE AVENUE, SUFTE 1500		
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FLORIDA 3280	01	
			
Enter new mailing address, if applicable:	121 SOUTH ORANGE AVENUE, SUITE 1500		
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FLORIDA 328	01	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	233	
		lorida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	,	
		the state of the s	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, opposited for in Chapter 605	and I am familiar with and , F.S. Or, if this document is	
If Chai	nging 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		□Remove	
		☐ Change	
			□Remove
			🗓 Add
		□Remove	
		□Change	
		□Add	
		Remove	
			Change
		□Add	
		□Remove	
			□ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary:)
	IN NUMBER: 87-3134420
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Effect (If an el	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
he reco ord is f	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 the led.
	NOVEMBER 9. 2021
Dated	NOVEMBER 9. 2021

Filing Fee: \$25.00