

L210000462111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

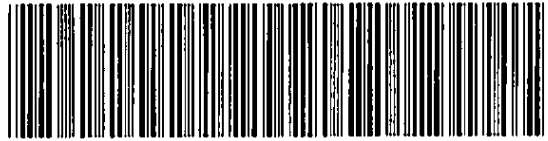
(Business Entity Name)

(Document Number)

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TALLAHASSEE FL  
CLERK OF STATE

Handwritten signature/initials

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Zero Trust Advisors 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:

Wendy Swanson

Name of Person

Zero Trust Advisors

Firm/Company

146 Aragon Way Unit 101

Address

Jupiter, FL, 33458

City/State and Zip Code

wendy@ztrustadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Swanson

at (561) 866-4538

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input 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

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

Zero Trust Advisors 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 10/25/2021 and assigned  
Florida document number L21000462111.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ZTrust Advisors LLC

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)**

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TALLAHASSEE, FL

**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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

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> | <u>Address</u> | <u>Type of Action</u>                      |
|--------------|-------------|----------------|--------------------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input type="checkbox"/> Remove            |
|              |             | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input type="checkbox"/> Remove            |
|              |             | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input checked="" type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input type="checkbox"/> Remove            |
|              |             | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input type="checkbox"/> Remove            |
|              |             | _____          | <input type="checkbox"/> Change            |
| _____        | _____       | _____          | <input type="checkbox"/> Add               |
|              |             | _____          | <input type="checkbox"/> Remove            |
|              |             | _____          | <input type="checkbox"/> Change            |

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TALLAHASSEE, FL

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2028 MAY -1 PM 2:23  
CLERK OF DISTRICT COURT  
STATE OF ARIZONA  
TULSA COUNTY

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CLERK OF STATE  
TULSA, OKLA.

**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.

Dated April 28th 2023

Wesley Swears  
Signature of a member or authorized representative of a member

Typed or printed name of signee