

h21 000501144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

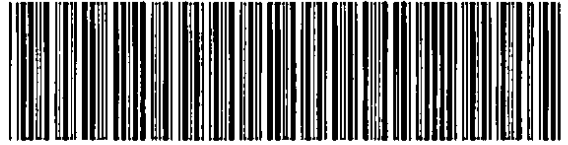
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

AUG 01 2022  
CLERK

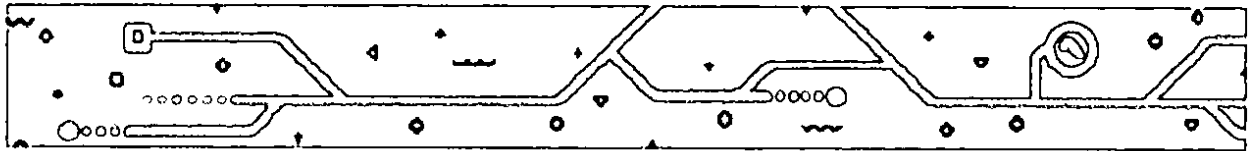
Office Use Only



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05/25/22--01015--002 \*\*25.00

FILED  
MAY 25 2022  
SECRETARY OF STATE  
TALLAHASSEE, FL



# zenbusiness

**May 23, 2022**

Florida Secretary of State  
Division of Corporations  
2415 N Monroe St Suite 810  
Tallahassee, FL 32303

**RE: Trebuchet LLC**

To Whom It May Concern:

Attached please find the executed **CERTIFICATE OF AMENDMENT**, for the above referenced. Please review and file the attached document on a routine basis.

Once completed please forward the filed confirmation or notification to the address listed below:

**ZenBusiness Inc**  
**Attention: Kelly Castro**  
**5511 Parkerest Dr., Suite 103**  
**Austin Tx 78731**

If you have any questions, please feel free to contact me at 844-493-6249 or at [fulfillment@zenbusiness.com](mailto:fulfillment@zenbusiness.com).

Thank you.

Kelly Castro  
ZenBusiness Customer Success

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

**FILED**

MAY 25 PM 1:40

Trebuchet LLC

SECRETARY OF STATE  
TALLAHASSEE, FL

~~(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 01/26/2022 and assigned  
Florida document number 121000501144.

This amendment is submitted to amend the following:

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

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) \_\_\_\_\_

**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>
AMBR	Stefano Miguel Di Geronimo Zingg	500 Brickell Avenue	<input checked="" type="checkbox"/> Add
		4004	<input type="checkbox"/> Remove
		Miami, FL 33131	<input type="checkbox"/> Change
AMBR	Angelo Acquista	252 East 57th	<input checked="" type="checkbox"/> Add
		PHD	<input type="checkbox"/> Remove
		New York, NY 10022	<input type="checkbox"/> Change
AMBR	Hrvoje Ljubić	Branka Ljubicica 7	<input checked="" type="checkbox"/> Add
		Siroki Brijeg 88220, Bosnia-Herzegovina	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Stefan Nastić	Arnethgasse 36/6	<input checked="" type="checkbox"/> Add
		1160 Vienna, Austria	<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

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated May 23, 2022

/s/ Ivo Galic  
Signature of a member or authorized representative of a member

Ivo Galic

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Typed or printed name of signee

**Filing Fee: \$25.00**