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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Con	porations		
SUBJECT:	NTRUSTED L	LC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Lauven M	19 Cabe	
		Name of Person	
		Firm/Company	
	1384 Bur	gundy Drive	
		Address	
	Fort My	EVS, FL 33919 City/State and Zip Code	
		City/State and Zip Code	
	CludesCat	on CAC amail. Co)//1
	E-mail address: (to be used for future annual report notif	ication)
For further information ex	oncerning this matter, please ca	all:	
Lauren	McCabe	at (239) 218.8	074
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	e following amount:		
S\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		Street Address: Registration Sec	rtion
Division of Co		Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NTRUSTED L	LC
(Name of the Limited Liability Company (A Florida Limited Lia	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L2200059556</u>	were filed on 02:103/2022 and assign
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability Challes Cabin GA LLC The new name must be distinguishable and contain the words "Limited Liability 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)	1384 Burgundy Drive > Tor+ Myers, FL 32919日 T
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ddress on our records, enter the name of the new registi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	, Florida City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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, <u>enter the title, name, and address of each person by or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	James McCabe	1384 Burgundy Dr. Ft Myers, FL 33917	_ EAdd
			□Remov
			_ □Add
			_ □Remove
			_ □Change
			□ Add
			□Remove
	,		_ Change
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(If an effe	ve date, if other than the date of filing:
he record ord is file	I 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 ed.
Dated	November 28, 2022
	November 20, 2022 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member LAUVEN R. McCabe