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GLAPASSELFLORIA

2022 HAY 13 PM 1: 45

COVER LETTER

Registration Section

Division of Corporations

TO:

	ings Southeast, LLC					
SUBJECT: Name of Limited 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:				
	Elizabeth Beattie					
		Name of Person				
		Firm/Company				
	3060 Peachtree Rd. NW S	uite 1550				
		Address				
	Atlanta, GA 30305					
	ebeattie@ccfos.com	City/State and Zip Code				
	-	to be used for future annual report not	ification)			
For further information of	concerning this matter, please c	all:				
Elizaeth Beattie		404 974-3482				
Name (of Person	Area Code Dayun	ne Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre Registration	Section	Street Address: Registration Section Division of Corporations				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Trust Holdings Southeast, LLC

2022 MAY 13 PM 1: 49

(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 $\frac{4/01/2022}{1}$ and assigned Florida document number ^{L22000138398} 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: Corporate Creations Network Inc. Name of New Registered Agent: 801 US Highway I New Registered Office Address: Enter Florida street address North Palm Beach

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.

City

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>	Type of Action
AMBR	Elizabeth Beattie	3060 Peachtree Rd. NW Suite 1550, Atlanta, GA 3030); _ ≣ Add
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			Change
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			_ □Remove
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		Signature of a member or au	thorized representative of	a member	
		Typed or pri	nted name of signee		