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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004121153)))



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	Doing so will generate another		SE SECTION AS A SE
To:			
	Division of Corporations Fax Number : (850)617-6383		1.T.
	. (050/017-0505		SS.
From:	Account Name : REGISTERED AG	ENTS INC	OF STATE SEE, FL
	Account Number : I20090000081		
annual	Phone : (307)200-2803 Fax Number : (855)330-1010 email address for this business of report mailings. Enter only one Address:	entity to be us	ed for future
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annual Email /	email address for this business or report mailings. Enter only one Address: C AMND/RESTATE/CORRECT	entity to be us email address p OR M/MG RE NT FLORIDA	ed for future blease.** SIGN
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Electronic Filing Menu

Corporate Filing Menu

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DEU - 8 2022

C.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trust Property Management Florida LLC

(Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000344626</u>	- 1 E
This amendment is submitted to amend the following:	ditty company here:
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 Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1009 COLDSTREAM COURT
(Principal office address MUST BE A STREET ADDRESS)	TARPON SPRINGS, FL 34689
Enter new mailing address, if applicable:	1009 COLDSTREAM COURT
(Mailing address MAY BE A POST OFFICE BOX)	TARPON SPRINGS, FL 34689
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
Non-Book and America Comment of the	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 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>	Name	Address	Type of Action
<u>AMBR</u>	Monica Hulzing	1009 COLDSTREAM COURT	Xi Add
		TARPON SPRINGS, FL 34689	□Remove
			□Change
			□Add
			⊡Remove
			□Change
			□Add
			□Remove
			[]Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			⊡Change

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, According to Company	
	
<u></u>	
(If an effecti Note: If t	e date, if other than the date of filing:
If the record sprecord is filed.	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
Dated	December 7 2022
	Morgan Polke
	Signature of a member or authorized representative of a member
	Morgan Noble Typed or printed name of signee

Filing Fee: \$25.00