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(((H23000052411 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUST GRADE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$55.00 |

31.H: 03

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TRUST GRADE, LLC | | |
|---|--|----------------------|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Li | v as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on November 4, 2022 | and assigned |
| Florida document number 1.22000474511 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | |
| TrustGrade, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "L1,C" or the abi | oreviation "L.1, 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 ad agent and/or the new registered office address here: Name of New Registered Agent: | dress on our records, enter the name | |
| New Registered Office Address: | | |
| | Enter Florida street address | 70 5 |
| | , Florida | Zii Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | <u> </u> |

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 |
|--------------|------|-----------|----------------|
| | | | GAdd |
| | | | ZRemove |
| | | | □Change |
| | | OAdd | |
| | | - ☐Remove | |
| | | | UChange |
| | | ⊡Add | |
| | | TRemove | |
| | | | □ Change |
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|------------------|--|
| • | |
| | |
| Note: | (optional) Rective date, if other than the date of filing: [Sective 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 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a ment's effective date on the Department of State's records. |
| recor d is fi | rd 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 ded. |
| | February 9 2023 |
| Dated | |
| Dated | 1 Hennaldonn |
| Dated | Signature of a member or authorized representative of a member |