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Registration Section

TO:

Division of Cor	porations			•			
TRUST MI	GRATION SERVICES LLC						
SUBJECT:	Name of Lim	ited Liability Compa	ny		_		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	NEREYDA RODRIGUEZ	FRANCISCO					
		Name of Pers	on				
	TRUST MIGRATION SEI	RVICES LLC					
		Firm/Compar	ny				
	4744 GARDENBROOK L	N			ري 111	202	
		Address	****	 · · · ·	GRE CRE	3FE	* **
	ORLANDO FL 32821					2023 FEB 10 PH	
		City/State and Zip	Code	· ·		70	4
	contactatrust@gmail.com			``	_ :iio) _ ::::::::::::::::::::::::::::::::::::	က လ	÷
For further information e	n-mail address: (oncerning this matter, please ca	to be used for future all:	annuai report no	encanon	구 문	99	
NEREYDA RODRIGUE	Z FRANCISCO	407 at (448-5109				
Name o	f Person	Area Coo	de Daytii	me Telephone Num	ıber	_	
Enclosed is a check for the	ne following amount:						
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55,00 Filin Certified Co (additional co)	-	Certif	Filing For Teate of S Ted Copy Tonal copy is	tatus &	
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee,	Section Torporations 17	Ro D T1 24	reet Address: egistration S ivision of Co he Centre of 415 N. Monr allahassee, F	orporations Tallahassee oe Street, Suite	e 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUST MIGRATION SERVICES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited E	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 25, 2023	and assigned
Florida document number L23000048357		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		TOTAL THE
		- F
Enter new mailing address, if applicable:		(no) -p
Mailing address MAY BE A POST OFFICE BOX)		100 ci
		Fig. of
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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
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