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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VORAUS S&O LLC

Account Number : I20220000166

Phone : (321)732-2022

Fax Number

: (407)577-3447

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

Email	Add	Ire	55	:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FIRM CONSULTANTS LLC

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T. LEMIEUX Help

NOV a 4 2023

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## **COVER LETTER**

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROT CONSOLITANTS LLC.				
(Name of the Limited Liability Comp. (A Florida Limited	any as It now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number 1.23000117001	were filed on 03/06/2023	and assigned		
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	illity company here:			
he new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1110 Brickell ave suite 400k-234, miami, FL 33130			
Principal office address MUST BE A STREET ADDRESS)	-			
Inter new mailing address, if applicable:	1110 Brickell ave suite 400k-234, mian			
Mailing address MAY BE A POST OFFICE BOX)				
·		(\frac{1}{2}) (C) (C) (A)		
<ul> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ul>	nddress on our records, <u>enter the na</u> i	ne of the new registe		
	•	~ 2		
Name of New Registered Agent:				
New Registered Office Address:		<u> </u>		
	Enter Florida street address	(2) (2)		
	, Florida			
	Civ	Zin 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.

Page; 4 of 5

To:

2023-11-17 16:21:21 GMT

14075773447

From: ELSY OLIVAR

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:

Title	Name	Address	Type of Action
			□Add
	•		□Remove
			□Change
·			□Add
			☐ Remove
	•		
		-	□Add
			□Remove
			□Change
			☐Add
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Fective date, if other than the in effective date is listed, the date must be in effect in the bit of the bit	date of Hing; st be specific and cannot ock does not meet the	applicable statute	ing or more than 90 c ry filing requireme	_ (optional) lays after filing.) Pursu ents, this date will n	iant to 605,020 or be listed a
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