L23 000111847

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lasmoss Limity value)
(Document Number)
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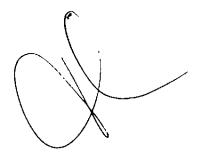




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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Meghan Gottlieb Martines		
		Name of Person	
	Trusted Tower Solutions, I	LLC	
		Firm/Company	
	5823 Tanageriake Road		~
		Address	د ا د د د د د د د د د د د د د د د د د د
	Lithia, FL 33547		ification)
		City/State and Zip Code	
	megge93@gmail.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	-
Meghan Martines		813 928-6756	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oc Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trusted Tower Solutions, LLC		
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 03/06/2023	and assigned
Florida document number L23000117847	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
Trusted Tower Services, LLC		~
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" of	or the abbreviation FLiL.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	21
		نت
		<u></u>
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 th	e name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 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>	Address	Type of Action
			□Add
			□Change
			□Add Remove
			☐Change
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			CRemove
			Change

ffective date, if other than the date of filing: 03/16/2023						
ffective date, if other than the date of filing: 103/16/2023	_				 -	
ffective date, if other than the date of filing: an effective 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 605.0 dote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it is filed.						<u> </u>
ffective date, if other than the date of filing: (optional)						
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ffective date, if other than the date of filing: 13/16/2023	_					
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ated	ated _	March 16th	2023	<u> </u>		
Signature of a member or authorized representative of a member						

Filing Fee: \$25.00