

L23 000 119833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

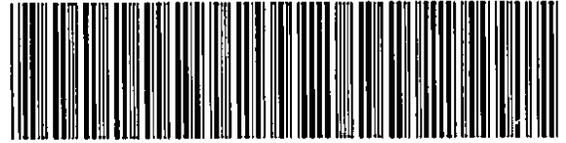
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000408017300

05/05/23--01002--028 **25.00

PAID
2023 MAY -5 AM 7:17
FALLS CHURCH, VA

cf 6/24/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUSTFAZA LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vladimir Vystupov

Name of Person

TRUSTFAZA LLC

Firm/Company

2539 Blackburn Cir

Address

Cape Coral FL, 33991

City/State and Zip Code

sailent.big@gmail.com

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Vladimir Vystupov

Name of Person

at (33991)

Area Code

223 237 7094

Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRUSTFAZA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAY -5 AM 7:17

03/07/2023

ALI... LIFE

The Articles of Organization for this Limited Liability Company were filed on sunbiz.org and assigned Florida document number L23000119833.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TRUSTFAZA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2539 Blackburn Cir

(Principal office address MUST BE A STREET ADDRESS)

Cape Coral, FL, 33991

Enter new mailing address, if applicable:

2539 Blackburn Cir

(Mailing address MAY BE A POST OFFICE BOX)

Cape Coral, FL, 33991

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Vladimir Vystupov

New Registered Office Address:

2539 Blackburn Cir

Enter Florida street address

Cape Coral

City

Florida

33991

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Vladimir Vystupov</u>	<u>2539 Blackburn Cir, Cape Coral, FL</u> <u>33991</u>	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

