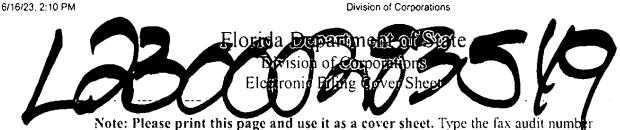
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TO:18506176383 FROM:4079929407

Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUSA & ASSOCIATES INC

Account Number : I20190000111 Phone : (407)800-7028 Fax Number : (407)992-9407

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

Email	Address:			

## LC AMND/RESTATE/CORRECT OR M/MG RESIGN **BIZ TRUST LLC**

Certificate of Status	0
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Page Count	06
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то:			n Section Corporation	5	;		۱.		
SUB.	JECT:		ŧ .	:		RUST ELC		·	
*		Name of Limited Liability Company							
			sı	ıbmitted f	or filin	cles of Amendment ig. Please return all c atter to the following	orres		
				Maria C Sousa					
						Name of Person			
					SA	Finance & Accounting l	lnc		
						Firm/Company			
				5728 Major Blvd Ste 309					
				Address					
				Orlando Florida 32819					
				City/State and Zip Code					
				Licenses@safinacc.com  E-mail address: (to be used for future annual report notification)					
For fo	arther in	ıformatic	on concerning						
Maria C Sousa				at (407) _		8007028  Daytime Telephone Number			
	Name of Person								

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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RUST LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now as Limited Liability Compa	opears on our records.) any)	
The Articles of Organization for this Limited Liability Co	ompany were filed	06/12/2023	and assigned
on Florida document number L23000283549			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability compan	y here:	
The new name must be distinguishable and contain the words "Limite	ed Liability 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 ADDRE	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			2027
			<u> </u>
			16
B. If amending the registered agent and/or registered	office address on o	ur records, <u>enter the</u>	name of the new registere
agent and/or the new registered office address here:			AH (
			9. 
Name of New Registered Agent:	*****		<u> </u>
New Registered Office Address:			
	Enter	r Florida street address	
		, Florida	
	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.

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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
MGRM_	R C USA, LLC	9297 BUSACO PARK WAY	<b>X</b> ) Add
		WINTER GARDEN, FL 34787	□ Remove
			□ Change
			□ Add
			🗆 Remove
			□ Change
			□Add
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			□Remove
			□Change
LC MALENMAN TO THE REAL PROPERTY OF THE PARTY OF THE PART			□Add
			□ Remove
			☐ Change
			□ Add
			Remove
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	<del></del>
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Note:	ive date, if other than the date of filing:
he recoi ord is ti	d 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 led.
Dated	June 16
	Signature of a member or authorized representative of a member

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