123000313137

(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



400419125324

11/20/23--01030--027 **80.00

CT PULLSUZZ

COVER LETTER

Division of C	Corporations				
	Frust, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	Thomas Rooney				
		Name of Person			
	T & C Trust				
		Firm/Company			
	1714 SW 43rd Ln				
		Address			
	Cape Coral, Florida 33914				
		City/State and Zip Code			
	trooneyusa@hotmail.com				
		to be used for future annual report notif	lication)		
For further information	on concerning this matter, please c	all:			
Thomas Rooney		845 824-0090 at ()			
Name of Person		Area Code Daytime	e Telephone Number		
Enclosed is a check fo	or 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 Add		Street Address:			
Registration Section		Registration Section Division of Corporations			
P.O. Box 6	f Corporations 6327	The Centre of T	•		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 1177 20 PM 5: 52 T & C Trust, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on June 29, 2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1714 SW 43rd LN Enter new principal offices address, if applicable: Cape Coral, Florida 33914 (Principal office address MUST BE A STREET ADDRESS) 1714 SW 43ed Ln Enter new mailing address, if applicable: Cape Coral, Florida 33914 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

__, Florida ___

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
			□ Псточе
			Change
			□ Rеточе
			Change
			□∧dd
			□Remove
			☐ Change
			□Add
			□Remove
			🗖 Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change

·								
								
						<u> </u>		

		A						<u></u>
								
-								
								
								
Tective (in effectiv	date, if other the e date is listed, the	nan the date of date must be specif	filing: fic and cannot b	e prior to date	of filing or mo	(op re than 90 days aff	tional) er filing.) Pursuant	to 60 5.0207 (3
ote: If th	he date inserted i	n this block does	not meet the	applicable s			his date will not b	
cument	s effective date of	on the Departmen	t of State's re	cords.				
record sp Lis filed.	ecifies a delayed	effective date, bu	it not an effec	ctive time, at	12:01 a.m. o	the earlier of:	(b) The 90th day	y after the
. 10 11100.								
Nov	vember 11		2023					
ated	F-	- AC	, · 	· ·				
	line	1./						
	مروب س	, , .	/					
		Signature	of a member of	or authorized	representative o	f a member	· · · · · ·	<u> </u>
	Thomas Rooney	Signature	of a member of	or authorized	representative o	f a member		