L23000463244

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COVER LETTER

TO:	Registration Sec Division of Corp				
SUBJE	ENTER TRU	JST LLC	•		
SOBJE	CI:	Name of Lim	ited Liability Company		_
		mendment and fee(s) are sub dence concerning this matter	-		
		CLAUDIA LIMA			
			Name of Person		
		CLAUDIA LIMA TAX &	ACCOUNTING LLC		
			Firm/Company		
		2546 AULD SCOT BLVD	,		
			Address		
		OCOEE, FL 34761			
			City/State and Zip Code		_
		INFO@CLAUDIALIMAT.			, 2
		E-mail address: (to be used for future annual re	port notification)	ا جو کیر، ایک ای
For furt	her information co	ncerning this matter, please c	all:		
CLAUI	DIA LIMA		407 552- at ()	7903	⊗ -F!
	Name of I	Person	Area Code	Daytime Telephone Numl	her 22
Enclose	d is a check for the	following amount:			171
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55,00 Filing Fee & Certified Copy (additional copy is enclo 	Certifi (sed) Certifi	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
	Mailing Address:		Street Add	iress:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000463244</u> .	y were filed on 10/09/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter now mailing address if analicables		
Enter new mailing address, if applicable:		. 12
(Mailing address MAY BE A POST OFFICE BOX)		
P. If amounting the project and agent and/or resistance of afficient) (2)
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new register
		12.
Name of New Registered Agent:		12 11 2
New Registered Office Address:		
	Enter Florida street address	
	, Florie	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ENTER TRUST LLC

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 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>	Name	Address	Type of Action
AMBR	LILIANE M. VIEIRA DA SILVA	668 BIG PINE AVE	
	- 1959 of Alliander Start II.	MINNEOLA, FL 34715	□ Remove
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			Петюvе
			☐ Change
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			Add 3
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ffective date, if other than the data an effective date is listed, the date must be	ite of filing:	be prior to date o	if filing or more than	(options	al)	بن نیم سفون	0205
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Typed or printed name of signee

ENTER TRUST LLC AMENDMENT

Final Audit Report

2023-10-11

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"ENTER TRUST LLC AMENDMENT" History

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Document e-signed by Joanna maddaloni Oliveira (joanna_gunnar@hotmail.com)

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Agreement completed.

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