To: FL DIVISION OF CORPORATIONS

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2023-11-22 20.51:49 GMT

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11/22/23, 3:50 PM

**Division of Corporations** 



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		To:	Division of Corporations Fax Number : (850)617-6383	2075
	/f 6:33	From: SHOLLYS 21001175	Account Name : VCORP SERVICES, LLC Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588	
••			the email address for this business entity to be used for fut nual report mailings. Enter only one email address please.**	ure (),
Ξ.	τ. τ. τ.	2 (* Ema 22 (* 23 (*	bil Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VVF ADVISORY LLC

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1. <u>-</u>.,

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VVF Advisory LLC	
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{10/26/2023}{10/26/2023}$ Florida document number $\frac{123000488349}{1000000000000000000000000000000000000$	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
TRX Advisory LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation Enter new principal offices address, if applicable:	o "LLC" or the abbreviation St.L.C."
(Principal office address MUST BE A STREET ADDRESS)	
	1
	- 1
Enter new mailing address, if applicable:	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)	ອງ ເມ

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	
		ess Storida
	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

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			□ Change
····		······	🗆 Add
		. <u></u>	Change
			🗆 Add
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			CRemove
			🖸 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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-	
(If an ef <u>Note;</u>	<b>tive date, if other than the date of filing: (optional)</b> fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the record is fi	rd 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

November 22

2023

gagara tom

Signature of a member or authorized representative of a member-

Taylor Lolya, Authorized Person

Typed or printed name of signee