124000135012

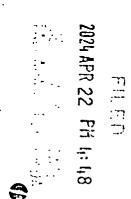
(Ře	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

CHID IT CT.	RD SOLUTION LLC		
30bJEC1	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	BRUNO MICHELAN		
		Name of Person	
		Firm/Company	
	12049 Pioneers Way, Apt.		
		Address	
	Orlando, Fl. 32832	_	
		City/State and Zip Code	
	brunomichelan87@gmail.co		
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report not	itication)
BRUNO MICHELAN		425 981-7413 at ()	
Name of	Person		ne Telephone Number
Enclosed is a check for th	e 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 S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRUST GARD SOLUTION LLC

(<u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number <u>L24000135012</u>	Liability Company were filed on $\frac{03}{2}$	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability company h	ere:
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 appli-	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	2 <u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		FH FD 4:
B. If amending the registered agent and/or agent and/or the new registered office addre	· ·	
Name of New Registered Agent:	BRUNO MICHELAN	
New Registered Office Address:	12049 Pioneers Way, Apt 2328	rida street address
	Orlando	
	City	, Florida ³²⁸³² 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 to 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Greta Taciana P. Cristovao Braga	12049 Pioneers Way, Apt 2328	□Add	
		Orlando, FL 32832	■Remove
			□Change
MGR	MGR Bruno Michelan	12049 Pioneers Way, Apt 2328	≣ Add
		Orlando, FL 32832	□Remove
		·	□Change
			□Add
			□Remove
			Change
			□Add
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			🗀 Change
		·	□Add
			□ Remove
			□ Change

	
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an effect ote: If	date, if other than the date of filing:
record s Lis filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	04/17. 2024
ated	
ated _	
ated	Signature of a number or authorized representative of a member