## L24000266109

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	e #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	<del></del>
Certified Copies Certificates	of Status
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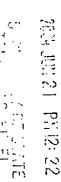




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## **COVER LETTER**

TO:

Registration Section

Division of Co	orporations		
SUBJECT:	Trust Maid S	Solutions LLC nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mirian	Alzamora Name of Person	
		Solutions LLC Firm/Company	
	10347 I	slander dr Address	
	Bila Raton	, FL, 33498 City/State and Zip Code	
	info.trustymais E-mail address: (	Solution & Damail. Com to be used for future annual report notif	ication)
For further information	concerning this matter, please c		,
Mirian Name	A/Zamora of Person	at ( <u>56/</u> ) 929 Area Code Daytime	- 9008 Telephone Number
Enclosed is a check for	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 Addra Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trust Maid Solu		
(Name of the Limited Liability Compa (A Florida Limited L	<b>ny as it now appe</b> Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000266109</u> .	were filed on _	June 11, 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	llity company l	nere:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the	designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our	records, <u>enter the name of the new registere</u>
New Registered Office Address:	Enter Fl	orida street address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in address, I here	f my duties, and I am familiar with and Chapter 605, F.S. Or, If this document is
		<u>F</u> ; 22

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
AHBR	Vinau Algamora	10347 Islander Dr.	&Add
MIRIAN ALZA	MIRIAN ALZAMORA	10347 Islander Dr. Buca Rator, FL, 33498	□Remove
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	g any other information, enter change(s) here: (Attach additional sheets, if necess	<u>.</u> ,,,		
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If an effective Note: If the	te, if other than the date of filing:	ng.) Pursua	ant to 60: Of be list	5.0207 ( ted as t
record spec ed is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th	day afte	er the
Dated	6-17-24			
	Himan Abaudre. A.		200	
<del></del>	Signature of a member of a dithorized representative of a member	<u>[                                    </u>		et s
	MIRIAN AIZAHORA LUJAN Typed or printed name of signee		رب دی	1
_	Typed or printed name of signee			٠.