(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195			
REFERENCE : 1594833 4300479			
REFERENCE : 1594833 4300479 AUTHORIZATION : 1			
COST LIMIT : \$ 25.00			
ORDER DATE : January 4, 2021			
ORDER TIME : 12:21 PM			
ORDER NO. : 594833-005			
CUSTOMER NO: 4300479			
FOREIGN FILINGS			
NAME: AMERICAN ELITE MOLDING, LLC			
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY			
XXXX AMENDMENT			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING			
CONTACT PERSON: Amanda Robinson EXT# 62968			

EXAMINER:

COVER LETTER

SUBJECT: American Elite Molding, LLC Name of Foreign Limited Liability Company Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert Sires Name of Person Firm/Company 161 Hill Ave NW Address Fort Walton Beach, FL 32538 City/State and Zip Code rsires@robertsires.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■\$25 Filing Fee □ \$30 Filing Fee & □ \$55 Filing Fee & □ \$60 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

TO:

Registration Section Division of Corporations

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appear	rs on the records of the Florida Depar	tment of	
State: American Elite Molding, LLC			
Enter new principal office address, if applicable:			
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	161 Hill Ave NW		
	Fort Walton Beach, FL 32538		
Enter new mailing address, if applicable:			
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	161 Hill Ave NW		
	Fort Walton Beach, FL 32538	یے	
2. The Florida document number of this limited lia	ability company is: M07000001240	S. 197	
Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: $\frac{03/0}{2}$			
SECTION II (5-9 complete only the applicable		ė.	
5. New name of the limited liability company: $\frac{T}{T}$		Q	
(mus	t contain "Limited Liability Compan	y, ""L.IC" or "LI.C.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or ma must contain "Limited Liability Company," "L.L.	naging members adopting the alterna		
6. If amending the registered agent and/or registere registered agent and/or the new registered office a	ed officer address on our records, ente	er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		<u></u>	
	Enter Florida Stre	ret Address	
	, l	Florida Zip Code	
Nam Davietarad Agant's Circuntura if showning De	·	1	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper and accept the obligations of my position as regist document is being filed to merely reflect a change liability company has been notified in writing of th	nt and agree to act in this capacity. I and complete performance of my dut ered agent as provided for in Chapte in the registered office address, I her	ies, and I am familiar with r 605, F.S. Or, if this	
——————————————————————————————————————	hanging Registered Agent, Signature	of New Registered Agent	

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
Title/ Capacity	Name	Address	Type of Action	
			□Add	
			□Remove	
_			□Add	
			□Remov	
			□Add	
			□Remov	
			□Add	
			□Remov	
			□Add	
aforementioned an	ficate, if required: no more than 90 d nendment(s), duly authenticated by the the law of which this entity is organi	he official having custody of records in th	□Remov	
	hobelt S	e authorized representative		

Filing Fee: \$25.00

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF 'AMERICAN ELITE MOLDING, LLC', CHANGING ITS NAME FROM "AMERICAN ELITE MOLDING, LLC" TO "TRS CONSULTING, LLC", FILED IN THIS OFFICE ON THE SEVENTEENTH DAY OF NOVEMBER, A.D. 2020, AT 2:28 O'CLOCK P.M.



Authentication: 204102041

Date: 11-17-20

State of Delaware
Secretary of State
Division of Corporations
Delivered 02:28 PM 11/17/2020
FILED 02:28 PM 11/17/2020
SR 20208425301 - File Number 4298604

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF FORMATION OF AMERICAN ELITE MOLDING, LLC

IT IS HEREBY CERTIFIED THAT:

- 1. The name of the limited liability company (hereinafter called the "Limited Liability Company") is AMERICAN ELITE MOLDING, LLC.
- 2. The certificate of formation of the Limited Liability Company is hereby amended by striking out Article First thereof and by substituting in lieu of said Article the following new Article:

First: The name of the limited liability company is TRS CONSULTING, LLC.

[Remainder of Page Left Intentionally Blank]

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of the 16th day of November, 2020.

AMERICAN ELITE MOLDING, LLC

Name: Robert Sires

Title: Member