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SECRETARY OF STATE

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TRUST FIN	IANCIAL SERVI	ICES GRO	OUP II. CORP.
DOCUMENT NUMBER:	Pl	1000071813		
The enclosed Articles of Amendme	nt and fee are su	bmitted for filing	·-	
Please return all correspondence co	ncerning this ma	tter to the followi	ing:	
		JAY RON	1ERO	
<del></del>	Name of Contact Person			
WILLIAMS&MORRIS, P.C. PLLC.				. PLLC.
Firm/ Company				
8004 NW 154TH STREET STE 646			STE 646	
Address				
MIAMI LAKES, FL 33016				8016
	City/ State and Zip Code			
	wi	illiamsmorrispa@	)hotmail.c	om
E-mail a	iddress: (to be us	sed for future ann	ual report	notification)
For further information concerning	this matter, pleas	se call:		
JAY ROME		at (		1 <u>256-6615</u>
Name of Contact Pe	rson		Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Flo	orida Depa	rtment of State:
	5 Filing Fee & cate of Status	S43.75 Filing Certified Cop (Additional co- enclosed)	jλ.	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee ! Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED

JUL 14 MM 5-21

TRUST FINANCIAL SERVICES GROUP II, CORP.

(Name of Corporatio	n as currently filed with the F	Torida De SECRETARY OF STATE
	P11000071813	TALLAHASSEE, FL
(Docume	ent Number of Corporation (if I	known)
Pursuant to the provisions of section 607.1006. Florida its Articles of Incorporation:	Statutes, this Florida Profit Co	rporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	rporation:	
name must be distinguishable and contain the word "cor "Inc.," or Co.," or the designation "Corp," "Inc." "chartered," "professional association," or the abbrev	or "Co". A professional co	The new vorporated" or the abbreviation "Corp.," rporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD)</u>	RESS )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	 0	
D. If amending the registered agent and/or registere	d office address in Florida, e	nter the name of the
new registered agent and/or the new registered of	ffice address:	-
Name of New Registered Agent		<del></del>
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I	stered Agent: am familiar with and accept th	e obligations of the position.
Signati	ure of New Registered Agent, ij	changing
Check if applicable	27.0120.410.4.120	
$\square$ The amendment(s) is/are being filed pursuant to s. 60	77.0120 (11) (c). F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title;

P = President; V = Vice President, T = Treasurer; S = Secretary; D = Director; TR - Trustee; C - Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer, If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>1.4</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	DINORA PENA	1550 WEST 84TH STREET
Add			STE 58A
X Remove			HIALEAH, FL 33014
2) Change	VP	RAMON D. RIVAS	1550 WEST 84TH STREET
X Add			STE 58A
Remove 3 ) Change			HIALEAH, FL 33014
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here:  (Be specific)
-	
<del></del>	
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f an amendment provides for an exch provisions for implementing the ame	namee, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and adment if not contained in the amendment itself:
<u>provisions for implementing the amer</u>	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
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<u>provisions for implementing the amer</u>	nange, reclassification, or cancellation of issued shares, and and in the amendment itself:
<u>provisions for implementing the amer</u>	nange, reclassification, or cancellation of issued shares, nament if not contained in the amendment itself:

The date of each amendment(s date this document was signed.	adoption:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without sharehold	er action and shareholder
■ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes east for the amend sufficient for approval.	lment(s)
☐ The amendment(s) was/were a must be separately provided.	approved by the shareholders through voting groups. The following , for each voting group entitled to vote separately on the amendments	statement ):
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	07/13/2022	
Signature	Rafael Pereira	
(By a selec	director, president or other officer - if directors or officers have not ted, by an incorporator - if in the hands of a receiver, trustee, or othe inted fiduciary by that fiduciary)	been er court
	RAFAEL PEREIRA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<del></del>