

P19000026449

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL.

10/5/21

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FIRST USA TRUST, CORPORATION

DOCUMENT NUMBER: P19000026449

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FRANK WHITE

Name of Contact Person

FIRST USA TRUST, CORPORATION

Firm/ Company

401 GOLDEN ISLES DRIVE STE 807

Address

HALLANDALE BEACH, FL 33009

City/ State and Zip Code

firstusatrust@gmail.com

E-mail address: (to be used for ☐ future annual report notification)

For further information concerning this matter, please call:

FRANK WHITE

Name of Contact Person

at ( 786 )

942-4800

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$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

**Street Address**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

(Name of Corporation as currently filed with the Florida Dept. of State)

FIRST USA TRUST, CORPORATION / P19000026449

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

401 GOLDEN ISLES DRIVE

STE 807

HALLANDALE BEACH, FL 33009

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent SUSANA WHITE

401 GOLDEN ISLES DRIVE STE 807

(Florida street address)

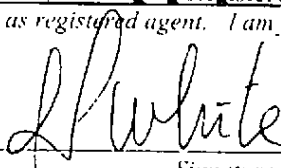
New Registered Office Address: HALLANDALE BEACH, Florida 33009

(City)

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

  
\_\_\_\_\_  
Signature of New Registered Agent, if changing

Check if applicable

☒ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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2021 SEP 27 PM 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FL

*(Attach additional sheets, if necessary)*

*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 PTD.*

**Example:**

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Address

401 GOLDEN ISLES DRIVE

STE 807

HALLANDALE BCH, FL 33009

Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

ARTICLE III.

401 GOLDEN ISLES DRIVE STE 807, HALLANDALE BEACH, FL 33009-7520

ARTICLE VI.

401 GOLDEN ISLES DRIVE STE 807, HALLANDALE BEACH, FL 33009-7520

ARTICLE VII.

401 GOLDEN ISLES DRIVE STE 807, HALLANDALE BEACH, FL 33009-7520

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
(voting group)

SEPTEMBER 18, 2021  
Dated \_\_\_\_\_

Signature F. White  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FRANK WHITE

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)