# P19000026449

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: FIRST USA TRUE	ST. CORPORATION		
	IBER: P19000026449			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.		
Please return all corr	espondence concerning this ma	itter to the following:		
	FRANK WHITE			
		Name of Contact Person	1	
		Firm/ Company		
	401 GOLDEN ISLES DRIV	E STE 807		
	Address			
	HALLANDALE BEACH, F	L 33009		
		City/ State and Zip Cod	e	
	FirstUSATrust@Gmail.com			
	E-mail address: (to be us	sed for future annual report	notification)	
For further informati	on concerning this matter, plea	se call:		
FRANK WHITE		786 at (	942-4800	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check t	or the following amount made	payable to the Florida Depa	artment of State:	
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐852.50 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 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

#### Articles of Amendment to Articles of Incorporation of

FIRST USA TRUST, CORPORATION

( <u>Name</u>	of Corporation as currently filed	l with the Florida Dept	. of State)	
P19000026449				
	(Document Number of Corp	ooration (if known)	<del></del>	<u>.</u> .
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this <i>Florid</i>	la Profit Corporation ad	lopts the following	amendment(s) to
A. If amending name, enter the new n	ame of the corporation:			
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contrartered," "professional association,"	lorp," "Inc," or "Co". A proj		or the abbreviation	"Corp.,"
B. Enter new principal office address.	if applicable:			
(Principal office address MUST BE A S				<del></del> -
			- 151 100	2021 00
C. Enter new mailing address, if appl			· · · · · · · · · · · · · · · · · · ·	-   CT 2
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
			, <u>,</u> ,,,,	≥   11
			: To.	ل ي
D. If amending the registered agent ar new registered agent and/or the new	id/or registered office address in w registered office address:	Florida, enter the nan	ne of the	50
Name of New Registered Agent	GREGOR VEIT			
	401 GOLDEN ISLES DRIVE ST	ГЕ 807		
	(Florida street ado	Iressi	<u></u>	
New Registered Office Address:	HALLANDALE BEACH,		33009 Florida	
	(City)		(7.ip Co	de)

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

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

Simplify of Vine Project and Tour Walnut

Signature of New Registered Agent, if changing

#### Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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 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	PT	John Doe	
X Remove	$\underline{V}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		SUSANA WHITE	401 GOLDEN ISLES DRIVE STE
Add			HALLANDALE BEACH, FL 3300
X Remove			
2) Change			
Add			
Remove 3.) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	g or adding additional tional sheets, if necessa	re). (Be specifi <b>c</b> )			
		<u> </u>			
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<del></del>				***************************************	
	·-··			122717.1	
f an ameno	lment provides for an	exchange, reclassific	<u>ation, or cancellati</u>	ion of issued shares,	
provisions	for implementing the applicable, indicate N/s	amendment if not co	ntained in the ame	endment itself:	
(I) NOI	аррисале, тасав т.	1,			
<del> </del>		<del> </del>	<del></del>		<del></del>
					<u>.</u>
				<u> </u>	
		<del> </del>			

	OCTOBER 18, 2021	
The date of each amendment(s) adoptic date this document was signed.	n:	, if other than the
OCTOBE	R 18, 2021	
Effective date if applicable:	(no more than 90 days after amendme	ut file date)
Note: If the date inserted in this block of document's effective date on the Department.		equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for approval.	for the amendment(s)
	by the shareholders through voting groups. It woting group entitled to vote separately on the	•
"The number of votes cast for the	amendment(s) was/were sufficient for appro	val
by		
,	(voting group)	_
Dated\@/\	8/2021	
Signature .	· White	
(By a director selected, by a	, president or other officer – if directors or off n incorporator – if in the hands of a receiver, t uciary by that fiduciary)	
	TRANK WHITE  (Typed or printed name of person signin	
		;'
-	(Title of person signing)	
	(Title of person signing)	