## P21000003101

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: THE TRUST CONNECTION GROUP COSP					
DOCUMENT NUMBER: <u>P21000003101</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
AMEHEDA. SALAZAR Name of Contact Person					
Name of Contact Person					
The Trust Connection Gwup CORP Firm/ Company					
18081 Biscayne BWJ #602 Address					
Aventura FL 33160 City/State and Zip Code					
City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
AMEHE DASOLAZAR at (786) 3193004  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
▼ \$35 Filing Fee  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

## Articles of Amendment Articles of Incorporation

Ai	of for the same
THE TOURT A	
1HE IKUSI CO	ONNECTION GROUP CORP
(Name of Corporation	as currently filed with the Florida Deol 261 State 7 AH 7: 46
P2100	00003101
(Docume)	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corp	poration:
	The new
	poration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word iation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS )
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18081 BISCAYNE Blud
(Manning and this MAN	#602 Aventura
	·
	FL 33160
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
<del></del>	(Florida street address)
New Registered Office Address:	, Florida (City) (Zip Code)
	(44)
New Registered Agent's Signature, if changing Regis	stered Agent:
I hereby accept the appointment as registered agent. I d	am familiar with and accept the obligations of the position.
Signati	ure of New Registered Agent, if changing

Check if applicable

☐ 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)

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.

Example: X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Si	mit <u>h</u>	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	D		andREA CERRA	18081 BISCAYNEBIVE
_ <b>X</b> _ Add				#602, Aventura, Fc 33160
Remove				
2) Change	$\mathcal{D}$	<u> </u>	DAMIAN MARQUES	
<u> </u>				Blud #602, Aventura
Remove 3) Change		_		FL 33160
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
****	
····	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

. . . .

The date of each amendment(s) acd date this document was signed.	option:	, if other than the
_		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file do	
	(no more than 90 days after amendment file de	ate)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirempartment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
★ The amendment(s) was/were ado action was not required.	pted by the incorporators, or board of directors without sha	reholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes cast for the fficient for approval.	amendment(s)
• •	roved by the shareholders through voting groups. The follocach voting group entitled to vote separately on the amenda	<del>-</del>
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
Signature (By a di	rector, president or other officer – if directors or officers had, by an incorporator – if in the hands of a receiver, trustee, ed fiduciary by that fiduciary)  AMEHED AS ALAZA	or other court
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	