P2400057215

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SECRETARY OF STATE

AB

Tallahassee, FL 32314

TO: Amendment Section

Division of Corporations

COVER LETTER

NAME OF CORPORATION: TRUSTHOMES INC P24000057215 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OMAR CABRERA Name of Contact Person Firm/ Company 1902 SW ALADDIN STREET Address PORT SAINT LUCIE, FL 34953 City/ State and Zip Code PORT SAINT LUCIE, FL 34953 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (786) 508-8847

Area Code & Daytime Telephone Number OMAR CABRERA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee **□\$43.75** Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

of	
	FILED
	2971-850
ration as currently filed with the Florids	a Depren State) 19 AH R: 1.5
ocument Number of Corporation (if known) TALLAHASSE STATE
orida Statutes, this Florida Profit Corporat	tion adopts the following amendment
he corporation:	
	The new
d "corporation," "company," or "incorpor Inc," or "Co". A professional corporal abbreviation "P.A."	rated" or the abbreviation "Corp.,"
able: ADDRESS)	
E BOX)	
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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)

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	<u>PT</u>	John Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jos	nes			
X Add	<u>sv</u>	Sally Sm	nith .			
Type of Action (Check One)	<u>Title</u>		Name		Address	
1) Change		_				
Add						
Remove					- · · · · ·	
2) Change	_	_		. <u></u> .		
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	l sheets, if necessary). (Be specific)			
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provisions for i	it provides for an emplementing the a ficable, indicate N/A)	mendment if not co	cation, or cancella ontained in the an	ntion of issued sha nendment itself:	res,
					
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	09-05-2024	
The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:	_	
	(no more than 90 days after amend	ment file date)
Note: If the date inserted in this bidocument's effective date on the De		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The number of votes conficient for approval.	ast for the amendment(s)
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
	or the amendment(s) was/were sufficient for app	
by	(voting group)	;"
	(voting group)	
09-18-2024		
Signature Oma	r Cabrera	
selected	ector, president or other officer – if directors or by an incorporator – if in the hands of a received diffduciary by that fiduciary)	
	OMAR CABRERA	
•	(Typed or printed name of person sign	ning)
	President	
•	(Title of person signing)	_