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(Re	questor's Name)	
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Pertified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section
Division of Corporations

TOP DESIGNS SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

At	
Name of Person	
Firm/Company	
9195 SW 39TH ST	
Address	
MIRAMAR, FL 33025	
City/State and Zip Code	
SUSANABIJANI@HOTMAIL.COM	
E-mail address: (to be used for future annual report notifical	tion)

For further information concerning this matter, please call:

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J	U,	J	71	VГ	٦ L	<i>)</i> \		1 1/1

_{ar} 305 632-0520

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP DESIGNS SOLUTIONS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L14000149877</u> .	were filed on 09/24/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4711 NW 72ND AVE	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33166	
		E CO
Enter new mailing address, if applicable:	4711 NW 72ND AVE	TIL PETAR AHASSI
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33166	Mo 2 M
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			□ Remove	
			□ Add	
			☐ Remove	
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			□ Remove	
			14 OCT 15 PHOVE 30 SECRETARY OF THE TATE ORIDA	
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The eff the da	tive date, if other than the date of filing:
Dated	10/13/2014 South Anguither
	Signature framember or authorized representative of a member JAVIER ANGARITA
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

14 001 16 PM 1: 30 SECRETARY OF STATE