

121000190545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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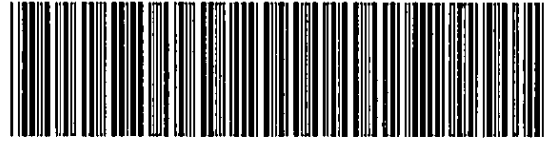
Special Instructions to Filing Officer:

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S. CHATHAM  
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22 NOV 15 PM 6:49



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2022 NOV 16 AM 11:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2022

DEJUAN HILL  
66 WEST FLAGLER ST, SUITE 900  
MIAMI, FL 33130 US

SUBJECT: TOP OF THE HILL VENTURES, LLC  
Ref. Number: L21000190545

We have received your document for TOP OF THE HILL VENTURES, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The second and third page of the amendment is missing, we need a complete copy of the amendment with the required signatures to be able to file the amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Summer Chatham  
Regulatory Specialist II

Letter Number: 622A00022363

I am attaching those pages. Please sign the required signature on the last page.  
Thank you.

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Top of the Hill Ventures 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:

DeSuan Hill  
Name of Person

Top of the Hill Ventures LLC  
Firm/Company

66 West Flagler St, Suite 900  
Address

Miami, FL 33130  
City/State and Zip Code

dj@topofthehillventures.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeSuan Hill at (216) 408-3843  
Name of Person Area Code Daytime Telephone Number

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DIVISION OF CORPORATIONS

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Top of The Hill Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/23/21 and assigned Florida document number L21000190545

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

66 West Flagler St, Suite 900  
Miami, FL 33130

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

66 West Flagler St, Suite 900  
Miami, FL 33130

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

66 West Flagler St, Suite 900  
Enter Florida street address  
Miami Florida 33130  
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Horizontal lines for amending information.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/10/2022

Signature of a member or authorized representative of a member

DeJuan Anthony Hill

Typed or printed name of signee