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K. SALY DEC 1 4 2017

COVER LETTER

TO:	Registration Sec Division of Corp						
cup ir		rim of Jackso	onville, LLC				
SUBJE	C1:		Name of Lir	nited Liability Com	pany		-
The enc	closed Articles of A	.mendment ai	nd fee(s) are sul	bmitted for filing.			
Please r	eturn all correspon	dence concer	ning this matter	r to the following:			
		James Alv	arez				
				Name of Pe	erson		
		Top Notch	Trim of Jacks	onville, LLc			1
				Firm/Comp	pany		- 1
		 2244 Cort	ez Road				
		<u> </u>		Address	3		
		Jacksonvi	lle, FL 32246				
		topnotchtri	mllc@aol.com	City/State and 2	Lip Code		· ····
			E-mail address:	(to be used for futu	re annual report	notification)	-
For furt	her information co	ncerning this	matter, please	call:			
James .	Alvarez		_	904 at (838-728	32	
	Name of	Person		Area C	lode Da	ytime Telephone Num	ber
Enclose	ed is a check for the	following at	mount:				
■ \$25	5.00 Filing Fee		Filing Fee & cate of Status	□ \$55.00 Fil Certified (additional		Certif Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	Registra Division P.O. Bo:	NG ADDRE: tion Section of Corporati x 6327 see, FL 323	ons		Registration Se Division of Co Clifton Buildi	orporations ng e Center Circle	:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,				, - 26 /3 6.
Top Notch Trim of				TAISCHET. TH S. 1
(N	me of the Limited Liabi	lity Company as ida Limited Liabilit	t now appears on our records.) y Company)	TAHASSE OF SE
	(*******	12	, Company)	E. FLORIE
The Articles of Organization for	his Limited Liability	Company were	filed on 08/21/2003	TALLAHAISSEE, FLORIDA and assigned
Florida document number L0300				
riorida document number		·		
This amendment is submitted to	mend the following:			
A. If amending name, enter the	new name of the lif	nited nability (<u>company nere</u> :	
The new name must be distinguishable	and contain the words "Li	mited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices add	ress if annlicable:			
	il			
(Principal office address MUST	<u>BE A SIKEEI ADU</u>	<u> </u>		
	, ,			
Enter new mailing address, if a	 pplicable:		-	
(Mailing address MAY BE A PO	11			
Drawing waters MAT DE ATO				
				
B. If amending the registere registered agent and/or the new			audress on our records, <u>e</u>	nter the name of the new
registered agent and/or the ness		diem neje		
	1	Al		
Name of New Registere	d Agent: Jame	es Alvarez	<u> </u>	
New Registered Office	Address: 224	4 Cortez Road		
res registered office			Enter Florida street address	
	Jack	sonville	, Floric	32246
			, FIORE	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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> 2244 Cortez Road Jacksonville, FL **AMBR** Jacob Alvarez ■ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change _ □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
	FALLAHASSEE, FLORIDA
	2017 DEC 13
	FALL ALL METARY
	THASSEE, FLORIDA
	1
	
	<u> </u>
E. Effective date, if other than	the date of filing: (optional)
Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 is block does not meet the applicable statutory filing requirements, this date will not be listed as e Department of State's records.
If the record specifies a dela (b) The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
December 08	2017
	Signature of a member or authorized representative of a member
James Alvarez	
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00