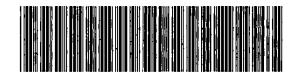
L05000013302

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(Address)				
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DIVISION OF CERPORATION

T. HAMPTON

MAR 1 8 2010

EXAMNER

COVER LETTER

Division of Co					
SUBJECT:	Toplii	ne Farm LLC			
		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
	· · · · · · · · · · · · · · · · · · ·	Lorena Williams Name of Person			
		Name of Person			
Topline Farm LLC					
Firm/Company					
		·			
	9855 Equus Circle Address				
		7 tudi 635			
	Bo	ynton Beach, FL 33472			
City/State and Zip Code					
	<u> orenaor</u>	reil@ att. net	·		
	E-mail address: (to be used for future annual report notifica	tion)		
For further information	concerning this matter, please of	call:			
l o	rena Williams	at (561) 2	13-1103		
. Name of Person		Area Code & Daytime T			
•					
Enclosed is a check for t	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

Topline F (Name of the Limited Liability Comp (A Florida Limited	arm LLC any as it now appears on our recor Liability Company)	<u>'ds.</u>)	
The Articles of Organization for this Limited Liability Companies Florida document number <u>L05000001330</u> 2		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the design	ation "LLC" or the abbreviatio	
Enter new principal offices address, if applicable:	15695 Sea Mist Lane	DIVIE BESIVIC	
(Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33414		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ENCED STATE OF CORPORATIONS	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stro	eet 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manage or Managing Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
		,	
			Add Remove
			Add Remove
			
			·
			Add Remove
			_
			AddRemove
· ·			
D. If amen	ding any other information, ent	er change(s) here: (Attach additional sh	eets, if necessary.)
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			SE SE
			3 000
			8 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
			POF S
			RATIO
Dated	March 15	2010	SS.
	\mathcal{L}_{0}	na Will.	د کاربیرین د کاربیرین
	Signature of	member or authorized representative of a m	nember
		Lorena Williams Typed or printed name of signee	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00