

LOS000013302

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

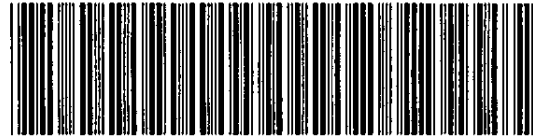
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TOLSON COUNTY CLERK  
TOLSON, MO

B. BOSTICK

FEB 21 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Topline Farm 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:

Lorena Williams

Name of Person

Topline Farm LLC

Firm/Company

480 Hibiscus St. # 719

Address

West Palm Beach FL 33401

City/State and Zip Code

lorenaoneill@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lorena O'Neill

Name of Person

at (561)

Area Code

213-1103

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

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2014 FEB 20 PM 2:39  
TALLAHASSEE, FL  
CLERK OF COURT

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TOpline Farm, 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 2/8/2005 and assigned Florida document number LD5000013302

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 end with 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)

480 Hibiscus St. # 719  
West Palm Beach, FL  
33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Lorena Williams

New Registered Office Address:

480 Hibiscus St. # 719

Enter Florida street address

West Palm Beach, Florida 33401

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.*

Lorena Williams

If Changing Registered Agent, Signature of New Registered Agent

At the meeting the Managers of Authorized Member on our records, enter the date, name, and address of each Manager of  
Authorized Member 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>
AMBR	Lorena Williams	480 Hibiscus St #719 West Palm Beach FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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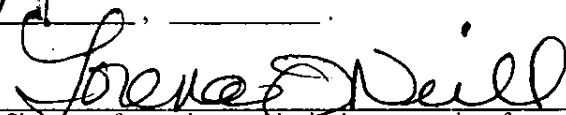
2. If amending any other information, enter change(s) here. (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated \_\_\_\_\_

2/16/14



Signature of a member or authorized representative of a member

Lorena O'Neill MGR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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