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T. CLINE
OCT 2 6 2012
EXAMINER

COVER LETTER

	ation Section of Corpor						
SUBJECT:		TOP STAF	R HOLDI	NGS LLC			
50 0 00001		Name of Limi					
The enclosed Art	ticles of Am	endment and fee(s) are sub	omitted for fi	ling.			
Please return all	corresponde	nce concerning this matter	to the follow	wing:			
	_	FRAN PROKOS					
	Name of Person						
	TIGERLAND LLC						
	Firm/Company				•		
	4924 SHETLAND AVE						
	Address						
	TAMPA, FL 33615						
	_	City/State and Zip Code					
	TopStarHoldings@aol.com E-mail address: (to be used for future annual report notification)					1855 1855 1855 1855 1855 1855 1855 1855	
For further inform	mation conce	erning this matter, please of		స్త్రిగ <i>్</i>			
						_	
	FRAN Name of Per	PROKOS son	at (_	727) Area Code & [510-737 Daytime Telephone		<u> </u>
		••••		rada codo de E	ray time releptione		
Enclosed is a che	eck for the fo	ollowing amount:					
\$25,00 Filing	Fee [\$30.00 Filing Fee & Cértificate of Status	Cert) Filing Fee & ified Copy itional copy is en	closed) C	ertified Co	of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Registration Division of C Clifton Build	Corporations ling ive Center Circle	ESS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited (A	P STAR HC Liability Compa Florida Limited L	OLDINGS LLC ny as it now appears on our re- ciability Company)	cords.)			
The Articles of Organization for this Limited Li Florida document numberL05000047		were filed on05/13/	2005	and a	ssigned	I
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ited Liability Company," the des	ignation "L	LC; or th	e abbrev	/iation
Enter new principal offices address, if applic	able:	30725 U.S. HWY 19 N		<u>≥₩</u>	8	· mail ja s
(Principal office address MUST BE A STREE	T ADDRESS)	PALM HARBOR, FL 3	4684	1 6 H	い い	\$2427.4
				10 X O X		
Enter new mailing address, if applicable:		30725 U.S. HWY 19 N		FOR	<u> </u>	۴.
Enter new maning address, it applicable: (Mailing address MAY BE A POST OFFICE)	PALM HARBOR, FL 3	·····	7.4	-		
Withing address MAT BE A POST OF FICE	<u>DUA)</u>	1 ALIVITIANDON, I L 3	7007			
B. If amending the registered agent and/or the new registered of			s, <u>enter t</u>	he name	of the	new
Name of New Registered Agent:				<u></u>		
New Registered Office Address:	4924 SHET	LAND AVE				
		Enter Florida	street add	ress		
		TAMPA , F	torida	33615		
		City		Zin Co	ode	_

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 Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Title Name Address MGR TIGERLAND LLC 4924 SHETLAND AVE ☐ Add Remove TAMPA_FL_33615_ mgr. ABBRESS ☐ Add ☐ Remove ☐ Add Remove ☐ Add ≥ C Remave $\overline{2}$ Remove Add. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 18th 2012 Signature of a member or authorized representative of a member Fran Prokos, Manager, Tigerland LLC Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00