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(City/State/Zip/Phone #)

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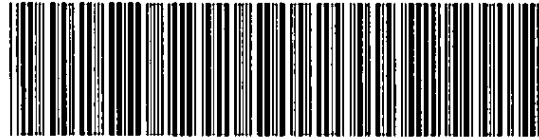
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TO: Registration Section
Division of Corporations

SUBJECT: TOPKIN & PARTLOW, PL
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:

SANFORD R. TOPKIN, ESQ.

Name of Person

TOPKIN, PARTLOW

Firm/Company

1166 W NEWPORT CENTER DRIVE, SUITE 309

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

STOPKIN@TOPKINLAW.COM

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

For further information concerning this matter, please call:

EVA RYKR-POPPER

954 422-8422
at ()

Name of Person

Area Code

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 Address:

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

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22102, 1944

(A Florida Limited Liability Company)

04/25/2006

If Changing Registered Agent, Signature of New Registered Agent

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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.

Dated DECEMBER 20 2021



SANFORD R. TOPKIN

Typed or printed name of signee