Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000013281 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 : (305)552-5973

Fax Number : (305)220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TOPE & TOPE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00
A STATE OF THE PROPERTY OF THE	The State of the second comment of the second secon

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD

JAN 2 1 2009

XAMINER

FROM : LAZARUS

FAX NO. :3052201440

Jan. 20 2009 04:43PM P2

H09000013281

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOPE & JOPA	Ed Liability Company as it now an (A Florida Limited Liability Company		
(Name of the Limit	et Liability Company as it now an (A Florida Limited Liability Company	pears on our records.)	Mary and the state of the state
The Articles of Organization for this Limited			and assigned
This amendment is submitted to amend the fo	llowing:		
A. If smending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and end w "L.L.C." Enter new principal offices address, if appl		mpany," the designation "l	.LC" or the abbreviation
(Principal office address MUST BE A STRE	-		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)		FILED SION OF CDRYOR
B. If amending the registered agent and registered agent and/or the new registered	Vor registered office address office address of the second	on our records, <u>enter t</u>	8 42
Name of New Registered Agent:	Thompson 1)	miLOL9 E	960 Ku-1000
New Resistered Office Address:	14855 South 6	15 Cayne Rive	1 4
	1r -	(Enter Florida street add	iress)
·	Migmi (City)	, Florida	JJI Code
New Registered Agent's Signature, if changing			(Lap Code)

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 Hability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

MGR = Manager

FAX NO. :3052201440

Jan. 20 2009 04:43PM P3

H09000013281

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:

MGRM = Managing Member Title Name Type of Action 🗂 Add Remove Add Remove ☐ Add Remove PPV 🛴 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Damilola to Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

H09000013281