

207 000098109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

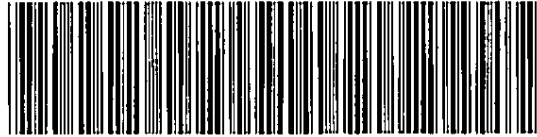
(Document Number)

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2020 OCT -9 AM 11:46

STATE COURT OF STATE
FILI MASSACHUSETTS

OCT 12 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Cat Cleaning, 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:

Ronald Crimaldi
Name of Person

Top Cat Cleaning, LLC
Firm/Company

P.O. Box 3045
Address

Riverview, FL. 33568
City/State and Zip Code

RjCrimaldi@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Crimaldi at (813) 918-8245
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Top Cat Cleaning, 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 9/25/2007 and assigned Florida document number L07000098109

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 contain 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)

10413 Brushfield ST
Riverview, FL 33569

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 3045
Riverview, FL 33568

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:

Ronald Crimaldi

New Registered Office Address:

10413 Brushfield ST

Enter Florida street address

Riverview, Florida 33569

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.

Ronald Crimaldi

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
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mgr	Teresa Crimaldi	10413 Brushfield ST	<input type="checkbox"/> Add
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		Riverview, FL. 33569	<input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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AmBR	Ronald Crimaldi	10413 Brushfield ST	<input checked="" type="checkbox"/> Add
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		Riverview, FL. 33569	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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SEC. OF STATE
TALLAHASSEE, FL

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: Aug 7 2020 (optional)

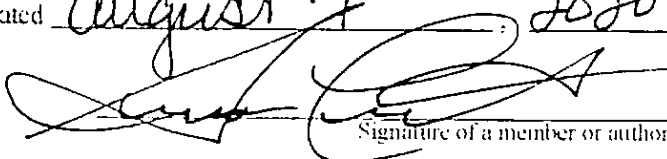
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

August 7 2020



Signature of a member or authorized representative of a member

Ronald Crimaldi

Teresa Crimaldi

Typed or printed name of signee

Ronald Crimaldi