

LOG000025791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

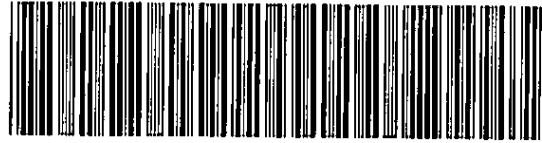
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status
 3.17.20

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Office Use Only



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05/22/20--01012--028 **30.00

FILED
2020 MAY 22 AM 9:19

EFFECTIVE DATE

June 1, 2020

cus
Amend/Name
chg

JUN 11 2020
ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Top Hotch Motors 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:

Darrell R. Sheftall

Name of Person

Firm/Company

1469 NW 2nd Ave #4

Address

Florida City , Florida 33034

City/State and Zip Code

mrsheftall@msn.com

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

For further information concerning this matter, please call:

Darrell R. Sheftall

786 303-2522
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EFFECTIVE DATE

June 1, 2020

Top Notch Motors 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 03/10/2008 and assigned
Florida document number L08000025791.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Top Notch Holdings LLC

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)

1469 NW 2nd Ave Suite 4

Florida City, FL 33034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1469 NW 2nd Ave Suite 4

Florida City, FL 33034

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9:19

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:

Darrell R Sheftail

New Registered Office Address:

1469 NW 2nd Ave Suite 4

Enter Florida street address

Florida City

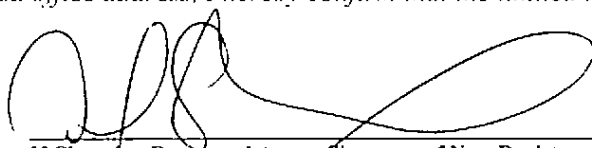
City

Florida 33034

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.



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>
CEO	Darrell R. Sheftall	1469 NW 2nd Ave Suite 4	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christal N. Sheftall	1469 NW 2nd Ave Suite 4	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eric B. Scott Jr.	1469 NW 2nd Ave Suite 4	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Thadius D. Sheftall	1469 NW 2nd Ave Suite 4	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tashaira D. Sheftall	1469 NW 2nd Ave Suite 4	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	India N. Sheftall	1469 NW 2nd Ave Suite 4	<input checked="" type="checkbox"/> Add
		Florida City, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

