LD80000 25791

(Requestor's Na	ame)
(Äddress)	
(Address)	
(City/State/Zip/F	Phone #)
PICK-UP WAI	T MAIL
(Business Entity	/ Name)
(Document Num	nber)
Certified Copies Certified	cates of Status
Special Instructions to Filing Officer	
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EFFECTIVE DATE

Amend/Manch

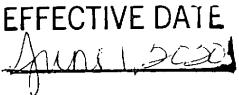
JUN 1 1 2028

COVER LETTER

	istration Se ision of Cor				
CUBIECT.		Motors LLC			
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Darrell R. Sheftall			
			Name of Person		
			Fim/Company		
		1469 NW 2nd Ave #4			
			Address		
		Florida City , Florida 3303	14		
			City/State and Zip Code		
		mrsheftall@msn.com			
For further in	iformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	
Darrell R. S	heftall		786 303-2522		
·	Name o	f Person		ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 F	iling 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)	
	ling Addres		Street Address: Registration Se	oction	
_	gistration S vision of C	orporations		Registration Section Division of Corporations	
	Box 632		The Centre of		
Tal	lahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Top Notch Motors LLC				
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited l	ny as it now appears on (Liability Company)	our records.)	
The Articles of Organization for this Limited Liab	oility Company	were filed on 03/10/2	.008	and assigned
Florida document numberL08000025791				
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liab	ility company here:		
Top Notch Holdings LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the design:	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	1469 NW 2nd Ave S	Suite 4	. 26
(Principal office address MUST BE A STREET ADDRESS)		Florida City, Fl 3303	34	1000000
				7 %
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1469 NW 2nd Ave S	suite 4	
		Florida City, FL 330	34	<u>ب</u>
				و
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our recor	ds, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Darrell R Sheft	tail		
New Registered Office Address:	1469 NW 2nd	Ave Suite 4		
		Enter Florida st	reet address	
	Florida City		Florida _ ³	3034
		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.

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>	Address	Type of Action
CEO	Darrell R. Sheftall	1469 NW 2nd Ave Suite 4	X Add
		Florida City, Fl 33034	Remove
			□Change
AMBR	Christal N. Sheftall	1469 NW 2nd Ave Suite 4	
		Florida City, FL 33034	□Remove
AMBR	Eric B. Scott Jr.	1469 NW 2nd Ave Suite 4	
		Florida City, FL 33034	□Remove
			□Change
AMBR	Thadius D. Sheftall	1469 NW 2nd Ave Suite 4	<u></u> jŻſ∧dd
		Florida City, FL 33034	□Remove
			Change
AMBR	Tashaira D. Sheftall	1469 NW 2nd Ave Siute 4	
		Florida City, FL 33034	□Remove
			□ Change
AMBR	India N. Sheftall	1469 NW 2nd Ave Suite 4	
		Florida City, FL 33034	□ Remove
			□ Change

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lf an effec <u>Note:</u> If	e date, if other than the date of filing: Monday June 1, 2020 at 12:01 am (optional) (optional) (tive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 00 th day after the record is filed.
Dated _	May 16 2020.
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00