

U08000054967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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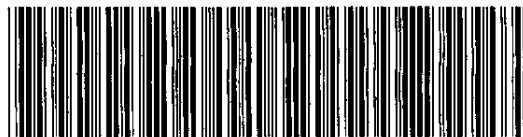
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

AUG - 8 2008

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: INVESTORS TOP \$ EQUITY, 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:

ALIX CHARLIER

(Name of Person)

INVESTORS TOP \$ EQUITY, LLC.

(Firm/Company)

10021 PINES BOULEVARD, SUITE # 105

(Address)

PEMBROKE PINES, FL 33024

(City/State and Zip Code)

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For further information concerning this matter, please call:

ALIX CHARLIER at ( 954 ) 682-7905  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

INVESTORS TOP \$ EQUITY, 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 06/03/2008 and assigned  
Florida document number L08000054967.

This amendment is submitted to amend the following:

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

XPERTS SOLUTIONS, LLC.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

10021 PINES BOULEVARD, SUITE # 105

**(Principal office address MUST BE A STREET ADDRESS)**

PEMBROKE PINES, FL 33024

**Enter new mailing address, if applicable:**

10021 PINES BOULEVARD, SUITE # 105

**(Mailing address MAY BE A POST OFFICE BOX)**

PEMBROKE PINES, FL 33024

**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:

New Registered Office Address:

*(Enter Florida street address)*

, Florida

*(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 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 liability company has been notified in writing of this change.*

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

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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:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALAND JOSEPH	1517 NW 97th Terrace Coral Springs, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LUC ROBERT GOMEZ	12011 SW 110th Street Circle South Miami, FL 33186	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STANLEY ROBERT	4539 Treehouse Lane, Apt. 4E Tamarac, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FRANTZ KERNISANT	8909 Springtree Lakes Drive Sunrise, FL 33351	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated Thursday July 31, 2008

Signature of a member or authorized representative of a member

ALIX CHARLIER - MANAGER (MGR)

Typed or printed name of signee