

W08000077970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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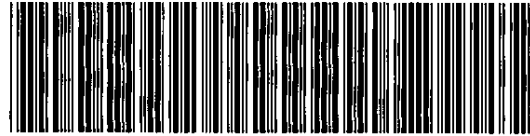
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

JUL 15 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP SHELF CLIENT SERVICES 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:

DIANNA KORBATSOU

Name of Person

TOP SHELF CLIENT SERVICES LLC

Firm/Company

7931 VERSILIA DRIVE

Address

ORLANDO FL 32836

City/State and Zip Code

pauloece@gmail.com

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

For further information concerning this matter, please call:

DIANNA KORBATSOU

Name of Person

at (407)

226-8299

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

29 JUL 14 AM 16

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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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

TOP SHELF CLIENT SERVICES 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 08/13/2008 and assigned
Florida document number L08000077970.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
JUL 14 PM 3:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

DIANNA KORBATSOU

New Registered Office Address:

7931 VERSILIA DRIVE

Enter Florida street address

ORLANDO

, Florida

32836

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

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	PAULO B.CARAM	7931 VERSILIA DRIVE ORLANDO FL 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAULO B.CARAM	7931 VERSILIA DRIVE ORLANDO FL 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DIANNA KORBATSOU	7931 VERSILIA DRIVE ORLANDO FL 32836	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DIANNA KORBATSOU	7931 VERSILIA DRIVE ORLANDO FL 32836	<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

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

Dated 7-8-2010

Signature of a member or authorized representative of a member

DIANNA KORBATSOU

Typed or printed name of signee

FILED
2010 JUL 14
TALLAHASSEE FLORIDA
SECRETARY OF STATE