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T. HAMPTON

APR 2 7 2009

EXAMINER

COVER LETTER

Division of Corporations						
SUBJECT: Top Shelf MAINTENOME 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:						
	VERNON MAR	Name of Person)				
	()	Firm/Company)				
COSCO NO CO CO COMPANSO						
(Address)						
	THUAZIC FO	State and Zip Code)				
For further information concerning this matter, please call:						
Verno UARC (Name of Perso	301 <u>\$</u>	at (<u>994</u>) <u>822</u> -22 <u>8</u> (Area Code & Daytime Tel	ephone 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Name of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	S CC irs on our records.)	ONS	
The Articles of Organization for this Limited Liability Co		2/23/08	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company he	<u>re</u> :		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Comp	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	(08/0)	NW Gact TA	MARAC	
(Principal office address MUST BE A STREET ADDRE	essi Fl, 33	NW 69ct TA 5321		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addre		our records, <u>enter the</u>	e name of the nev	
Name of New Registered Agent:				
New Registered Office Address:				
	(Enter Florida street address)			
<u></u>		, 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 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> Name **Address Type of Action** NATION S. MANASSE & SCOOL Keith Mason IR MGR Remove 🗖 Add Remove ☐ Add Remove ┌ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) VERNON MARCOUS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00