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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOP Shelf MAIN HENOME Services CCC 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 MARQUIS Jr. Name of Person
Got GRASS? Londscoping Services (CC)
6860 WW Leath Court Address
TAMAPAC FL, 33301 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vernon MARQUISTS at (94) 822-2286 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$\$(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 ARTICLES OF ORGANIZATION

FILED

	OF	1	oy OC	ARY 0.
Name of the Limited	Liability Compan Florida Limited Li	200000 y as it now appears ability Company)	Service.	SSEE FORIOA
The Articles of Organization for this Limited Lia		were filed on	2/23/02	and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of The new name must be distinguishable and end with "L.L.C."	MSmpi	na Sen	vices ¿	
Enter new principal offices address, if applica (Principal office address MUST BE A STREET		LOSSOD TAMAR	UW 1097 4C FC, 3	9+ 8 33321
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off			ır records, <u>ente</u> ı	the name of the new
Name of New Registered Agent: New Registered Office Address:		N LU ARCE	•	
		PAC City		
New Registered Agent's Signature, if changing R	egistered 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 **Title** Address Name **Type of Action** MARU Remove ☐ Add ☐ Remove ☐ Add Remove ☐ Add Remove Add Remove \square Add **∏**Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00