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DEC 0 2 2014

S. YOUNG



November 5, 2014

CAROLINA RIBEIRO INTERCORP INTERNATIONAL CONSULTING LLC 150 SE 2ND AVE STE 808 MIAMI, FL 33131

SUBJECT: TOP BRIDGE LLC Ref. Number: L09000075352

We have received your document for TOP BRIDGE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 114A00023677



Miami, November 20, 2014

CODE: 2407

Divison of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Top Bridge LLC - L09000075352

ARTICLES OF AMENDMENT TO ARTICLES ORGANIZATION

LETTER NUMBER - 114A00023677

Dear Sir or Madam:

Please find attached the following documents regarding the above mentioned:

1) Your above reference Letter & Articles of Amendment to Articles of Organization dully signed by the new Registered Agent and LLC's Member

Please feel free to contact me for any additional information.

Thank you very much for your special attention to this request.

Very truly yours,

Intercorp Internacional Group

Carolina Ribeiro

COVER LETTER

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Registration Section Division of Corporations

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TOP BRIDGE 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:

CAROLINA RIBEIRO

Name of Person

INTERCORP INTERNATIONAL CONSULTING LLC

Firm/Company

150 SE. 2ND. AVE., STE. 808

Address

MIAMI, FL 33131

City/State and Zip Code

305-371-2858

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

For further information concerning this matter, please call:

CAROLINA RIBEIRO

_305_371-2858

Name of Person

Area Code

Daytime Telephone 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

TOP BRIDGE LLC			
(<u>Name of the Limit</u>	ted Liability Company as (A Florida Limited Liabili	it now appears on our records.) ty Company)	
The Articles of Organization for this Limited L	iability Company were	filed on AUG 05, 2009	and assigned
Florida document number <u>L09000075352</u>	<u>2 </u>		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability	company here:	
The new name must be distinguishable and end with the	words "Limited Liability C	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		<u> 三章</u>
Principal office address MUST BE A STREE	ET ADDRESS)		- 三合 - 注: - 日 - - -
			3 3 4 4
Enter new mailing address, if applicable:			<u> </u>
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		gram gram gram
			37 m - W
B. If amending the registered agent and registered agent and/or the new registered or		address on our records, ent	er the name of the nev
Name of New Registered Agent:	INTERCORP	INTERNATIONAL CON	SULTING LLC
New Registered Office Address:	150 SE. 2ND	AVE., SUITE 808 Enter Florida street address	
	MIAMI		33131
		, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	te of receipt or filed date and cannot be more than 90 days after
Dated OCTOBER 14	2014
	,
JOSE C PONTES	member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00