Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000122673 3)))



H170001226733ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 : (800)345-4647 Fax Number : (800) 432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP FUNDS1, LLC

Certificate of Status		0
Certified Copy		1
Page Count		05
Estimated Charge	<i>વ</i> ૃંધ	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help SIMMONS MAY 0 5 2017

## **COVER LETTER**

	legistration Se Division of Cor			
CUD 1877	Top Fund	s1, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filling, $rac{ec{arphi}_{j_{K}}^{2}}{ec{arphi}_{j_{K}}}$	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Nora Jackson		
		······································	Name of Person	<del></del>
		Poisinelli PC		
			Firm/Company	
		900 W 48th Place, Suite	900	
			Address	
		Kansas City, MO 64112	2	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		njackson@polsinelli.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For furthe	r information o	oncerning this matter, please co	all:	
Nora Jac	kson		816 360-4154	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for th	ne following amount:		
□ <b>\$2</b> 5.00	O Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mail	ING ADDRESS:	STREET/COURIE	ER ADDRESS:
	Registr	ation Section	Registration Section	
		n of Corporations ox 6327	Division of Corpore Clifton Building	iuons ,
		asec, FL 32314	2661 Executive Cer	nter Circle

Tallahassoe, FL 32301

H17000122673 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Funds1, LLC		
(Name of the Limited Liability Com (A Florida Limite	oany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the	ny were filed on 09/02/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
TF Legacy, LLC		
The new name must be distinguishable and contain the words "Limited Lis	bility 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)		
		··
B. If amending the registered agent and/or registered registered agent and/or the new registered office address have of New Registered Agent:		nter the name of the new
Maine of the Modistrice Ukerit.		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florid	8 Zip Cods
New Registered Agent's Signature, if changing Registered Ager	•	<b>,</b>
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I s provided for in Chapter 605, F.S.	am familiar with and Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = M AMBR = A	ianager uthorized Member		·
<u>Title</u>	<u>Name</u>	Address	Type of Action
		), i.	CI Remove
			☐ Change
			Remove
			Change
		,	Add
			Remove
			Change
	<del></del>		Add
	·	· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Remove
			Change
			D Add
			□ Remove
			[] Channe

aved offective date but	: not an effective tim	ne, at 12:01 a.	m. on the earlier o
a mast be specific and carbot be paids block does not meet the ap	prior to date of many or more plicable statutory filing r	than 90 days after f	iling.) Pursuant to 605,020
	·		
		<del></del>	
	<u> </u>		
•		· · ·	
· · · · · · · · · · · · · · · · · · ·		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
	the date of filing:  thus the specific and cannot be an in the block does not meet the ap	the date of filing:	the date of filing:  the date of filing:  must be specific and cannot be prior to date of filing or more than 90 days after filing block does not meet the applicable statutory filing requirements, this

Page 3 of 3

Filing Fee: \$25.00