

L1D000097189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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05/18/12--01011--023 **25.00

FILED
12 MAY 18 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 21 2012
EXAMINER

Tom Crenshaw
715A Oakville Lane
Apopka, FL 32703

May 1, 2012

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Florida document L10000097189
Name Change

Dear Sirs:

Attach please find the signed Articles of Amendment to Articles of Organization of Tec Top Cat, LLC.

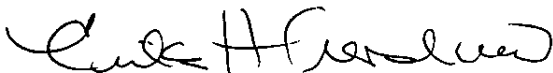
The amendment is to change the name

From: Tec Top Cat, LLC

To: Top Cat Tom, LLC

Enclosed please find a check in the amount of \$25.00 for the filing fee.

Sincerely,



Erika H. Crenshaw

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEC TOP CAT, 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:

Tom Crenshaw
Name of Person
TOP CAT Tom, LLC
Firm/Company
715 A Oakville Lane
Address
Apopka FL 32703
City/State and Zip Code

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

For further information concerning this matter, please call:

Tom Crenshaw at (407) 2099670
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

FILED

12 MAY 18 PM 1:04

TEC TOP CAT, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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 9/11/2010 and assigned
Florida document number L10000097189

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TOP CAT TOM, LLC

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)

715 A Oakville Lane
Apopka FL 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

715 A Oakville Lane
Apopka FL 32703

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:

New Registered Office Address:

Enter Florida street address

City, Florida

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

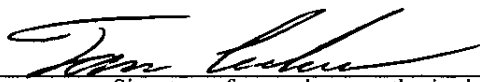
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<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 May 1, 2012



Signature of a member or authorized representative of a member

Tom E. Crenshaw

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA