

L10000118154 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

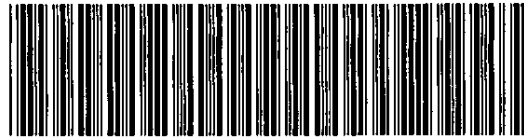
(Business Entity Name)

(Document Number)

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12 JUL -5 AM 5:26  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL - 9 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOPCLASS COMMUNICATIONS 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:

DELOY HARRISON  
Name of Person

\_\_\_\_\_  
Firm/Company

710 PALAISAN CT.  
Address

KISSIMMEE FL- 34759  
City/State and Zip Code

TOPCLASSCOM2010@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DELOY HARRISON at (863) 837 8920  
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

RECEIVED  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

12 JUL -5 AM 5:26

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TOP CLASS COMMUNICATIONS LLC.

(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 11/12/10 and assigned  
Florida document number L10000118154.

This amendment is submitted to amend the following:

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

TOP CLASS JAMAICAN RESTAURANT AND GRILL, 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)**

5700 N. ORANGE BLOSSOM TRAIL  
ORLANDO FL. 32818

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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CLERK OF CIRCUIT COURT  
IN AND FOR  
DADE COUNTY  
FLORIDA

**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*

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 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

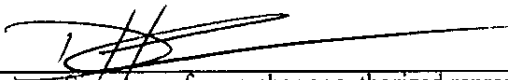
Title	Name	Address	Type of Action
MGR	TROY LEE	1033 S. HIWASSEE RD. APT 2615 <del>TROY LEE</del> ORLANDO FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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12 JUL -5 AM 5:26  
TALLAHASSEE, FLORIDA

Dated July 2, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
DELROY HARRISON  
\_\_\_\_\_  
Typed or printed name of signee