

# L11000100596

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

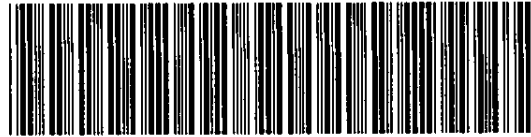
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 OCT 24 AM 10:24  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan OCT 24 2012

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOP DOG CONSULTING 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:

**MARY LIGON**

Name of Person

**TOP DOG CONSULTING LLC**

Firm/Company

**1835 E. HALANDALE BEACH, FL #753**

Address

**HALANDALE BEACH, FL 33009**

City/State and Zip Code

**gceron@topdogconsulting.com**

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

For further information concerning this matter, please call:

**GUS CERON**

Name of Person

at ( 702 )

**517-5023**

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 OCT 24 AM 10: 25

**TOP DOG CONSULTING LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on SEPT 1, 2011 and assigned Florida document number L110001000596.

This amendment is submitted to amend the following:

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

N/A

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:**

1835 E. HALLANDALE BEACH BLVD #753

**(Principal office address MUST BE A STREET ADDRESS)**

HALLANDALE BEACH, FL 33009

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

1835 E. HALLANDALE BEACH BLVD #753

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

HALLANDALE BEACH, FL, 33009

**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:

GUS CERON

New Registered Office Address:

1835 HALLANDALE BEACH BLVD #753

*Enter Florida street address*

HALLANDALE BEACH

, Florida

33009

*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.*

*[Signature]*  
**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:

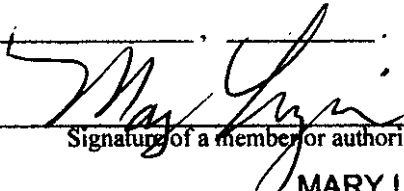
MGR = Manager  
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>   | <u>Address</u>  | <u>Type of Action</u>  |
|--------------|---------------|---|--|
| MGRM         | MARIA SANCHEZ | 1835 E. HALLANDALE BEACH BLVD.<br>HALLANDALE BEACH, FLA 33009 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGRM         | GUSTAVO CERON | 1835 E. HALLANDALE BEACH BLVD.<br>HALLANDALE BEACH, FLA 33009 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

FILED  
12 OCT 24 AM 10:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
\_\_\_\_\_  
MARY LIGON  
\_\_\_\_\_  
Typed or printed name of signee