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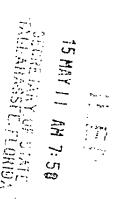
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COVER LETTER

	gistration Sec ision of Corp			٠
SUBJECT:	-	ement Group, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Lawrence Master		
			Name of Person	
		Top Management Group,	LLC	
			Firm/Company	··· <u></u>
		9720 Stirling Road #108		
			Address	
		Cooper City, FL 33024	•	
			City/State and Zip Code	····
		LMaster@TopManagemen	-	
		E-mail address: (to be used for future annual report notif	fication)
For further in	nformation co	oncerning this matter, please c	all:	
Lawrence M	laster		954 864-1117 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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:

11

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

1 op Management Group, LEC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regis registered agent and/or the new registered office address and the new registered agent and the new registered a		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zin Code
New Registered Agent's Signature, if changing Registered	•	Zip code
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registere	omplete performance of my duties, and I am gent as provided for in Chapter 605, F.S. Or	familiar with and ; if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Ian Master	4038 NW 87th Ave, Cooper City , FL 33024	Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
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fective date, if other than the da	May 4th, 2015 e specific and cannot be prior to date of filing of	(optional)	اب ا
an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	c does not meet the applicable statutory f	or more than 90 days after frings) Fursua iling requirements, this date will no	nt to 605.02 The listed
e record specifies a delayed e The 90th day after the record	effective date, but not an effective d is filed.	e time, at 12:01 a.m. on the	e earlier
May 4th	2015		
	Lam Mish		
Si	gnature of a member or authorized representa	tive of a member	

Page 3 of 3

Filing Fee: \$25.00