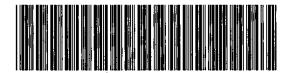
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B. BOSTICK
DEC 1 9 2012
EXAMINER

## **COVER LETTER**

Division of Corpor	ations			
SUBJECT: TOP O	Name of Limit	Management, U		
The enclosed Articles of Am	endment and fee(s) are sub	omitted for filing.		
Please return all corresponde	nce concerning this matter	to the following:		
-	Pan	agiota Lazarou-Amanna		
		Name of Ferson		
	C/O Flashback Diner			
- -	V			
	22	20 South Federal Hwy		
		Address		
	Halla	andale Beach, FL 33009	leas =	
-		City/State and Zip Code	—————————————————————————————————————	
_	Tou	la.Amanna@gmail.com	C .	
	E-mail address: (t	o be used for future annual report notifical	tion)	
For further information conc	erning this matter, please c	all:		, i i
Panagiota L	azarou-Amanna	at ( 954 ) 6 <sup>2</sup>	10-4570	·
Name of Po	rson	Area Code & Daytime T	elephone Number	
Enclosed is a check for the f	ollowing 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	l)
Registratio	G ADDRESS: on Section f Corporations	STREET/COURIER Registration Section Division of Corporati		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top of the Line Nanagement Group 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 Com	pany were filed on	April 30, 2012	_ and assigned	
Florida document number 1120057640	)			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability company he	ere:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp	pany," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRES	<u>(SS)</u>	9.2		
		T BE	72	
			8 1	
Enter new mailing address, if applicable:		To St.		
(Mailing address MAY BE A POST OFFICE BOX)		; E		
			3 = 0	
		S	÷	
B. If amending the registered agent and/or registered	ed office address on	our records, enter the	Iname of the new	
registered agent and/or the new registered office addres	s here:	1. 1.		
Name of New Registered Agent:				
New Registered Office Address:				
	E	Enter Florida street address		
		, Florida		
	City	,	Zip Code	
New Registered Agent's Signature, if changing Registered A	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Name Address Type of Action MGRM Thomas Bertorelli 220 South Federal Highway ☐ Add Hallandale Beach, FL 33009 Remove MGRM Rochelle Matza 220 South Federal Highway ☐ Add Hallandale Beach, FL 33009 ✓ Remove  $\square$  Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 3 2012 Dated \_\_ Signature of a member or authorized representative of a member Panagiota Lazarou-Amanna Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00