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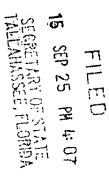
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COVER LETTÉR

Div	ision of Cor	porations			
SUBJECT:	TOP OF TH	IE LINE MANAGEMENT, L	LC		
SOBILCI.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	ali correspo	ndence concerning this matter	to the following:		
		PANAGIOTA K. LAZAR	OU-AMANNA		
			Name of Person		
		4431 SW 64TH AVE SUI	TE 115		
			Address		
		DAVIE, FL 33314			部。
			City/State and Zip Code		劉智可
	TOP OF THE LINE MANAGEMENT, LLC Firm/Company 4431 SW 64TH AVE SUITE 115 Address DAVIE, FL 33314				
For further in	nformation co		•	ation)	EP 25 PH 4: 07 EP 25 PH 4: 07 ETART OF STATE WASSEE, FLORIDA
Panagiota K	. Lazarou-Ar	nanna			
	Name of	Person		Γelephone 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)	Certified (e of Status &

MAILING ADDRESS:

· #

Registration Section

TO:

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

TOP OF THE LINE MANAGEMENT, 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 April 30, 2012 and assigned Florida document number _____L12000057640 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 4431 SW 64TH AVE SUITE 115 Enter new principal offices address, if applicable: **DAVIE, FL 33314** (Principal office address MUST BE A STREET ADDRESS) 4431 SW 64TH AVE SUITE 115 Enter new mailing address, if applicable: **DAVIE, FL 33314** (Mailing address MAY BE A POST OFFICE BOX) 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: 4431 SW 64TH AVE SUITE 115 New Registered Office Address: Enter Florida street address

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 605, 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.

City

Davie

If Changing Registered Agent, Signature of New Registered Agent

, Florida <u>33314</u>

- 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
MGRM	Rose L. Bishop	4431 SW 64TH AVE SUITE 115	∃ Add
		Davie, FL 33314	Remove
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