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## **COVER LETTER**

Registration Section TO: **Division of Corporations** 

TOP HOMES 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:

JOSE L. PEREZ Name of Person Firm/Company 17707 NW MIAMI COURT SUITE 101 Address MIAMI, FL. 33169 City/State and Zip Code JOETEAM@BELLSOUTH.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOSE L. PEREZ Area Code & Daytime Telephone Number Name of Person

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

(Name of the Limited Liability)	Company as it now appears on	our records.)	<del></del>	
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)			
The Articles of Organization for this Limited Liability Co	ompany were filed on JANUA	ARY 15, 2013	_ and assig	ned
Florida document number L13000007880				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company,"	the designation "LLC	or the abl	oreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·			
(Principal office address MUST BE A STREET ADDR.	ESS)			
		S	<u> </u>	
		I. A	© 33 ≥ 37	or Maker's
Enter new mailing address, if applicable:			F 68	* ;
(Mailing address MAY BE A POST OFFICE BOX)		(2) (3)	× +	g-ii.
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		27		******
B. If amending the registered agent and/or registered agent and/or the new registered office addr		records, enter the	name of	the new
registered agent and/or the new registered office addr	ess nere:			
Name of New Registered Agent:				
New Registered Office Address:	<u>.</u>			
	Enter I	Florida street addres	SS	
		, Florida		
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

TOPHOMECHIC

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	HECTOR L. CENTENO	2640 S. UNIVERSITY DR. AP	Γ313 <sub>Add</sub>
		DAVIE, FL. 33328	Remove
			Remove
			FS ⊋dd
			Remove Remove Remove Add
			Remove
			Add
			Remove
			Add

D. If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
1	JANUARY 29 2013 1
Dated _	JANUARY 29 , 2013
	Signature of a member of authorized representative of a member
	JOSE L. PEREZ
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00