

L13000007880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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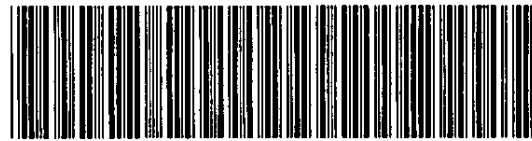
(Business Entity Name)

(Document Number)

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FEB 15 2018

SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 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:

Robert C. Auguste  
Name of Person

Top Homes LLC  
Firm/Company

380 NW 125 Street  
Address

Miami, FL 33168  
City/State and Zip Code

Robert C. Auguste@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. Auguste at (786) 651-6945  
Name of Person 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

TOP Homes LLC

The Articles of Organization for this Limited Liability Company were filed on 01/15/13 and assigned Florida document number L13000007880

Page 1 of 3

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>           | <u>Address</u>    | <u>Type of Action</u>                   |
|--------------|-----------------------|-------------------|-----------------------------------------|
| MGR          | Marie Ginette Auguste | 380 NW 125 Street | <input checked="" type="checkbox"/> Add |
|              |                       | Miami FL 33168    | <input type="checkbox"/> Remove         |
|              |                       |                   | <input type="checkbox"/> Change         |
|              |                       |                   | <input type="checkbox"/> Add            |
|              |                       |                   | <input type="checkbox"/> Remove         |
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FLORIDA

02-09-2018

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated February 9, 2018.

Signature of a member of authorized representative

Signature of a member or authorized representative of a member

Robert Carl Auguste  
Typed or printed name of signer

Typed or printed name of signee