L13000082360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
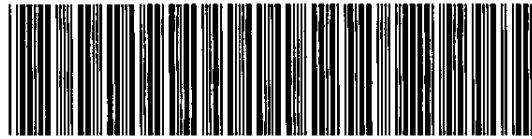

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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N. Quilligan   NOV - 8 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TOPO'S RESORT 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:

HERNAN KOCH

Name of Person

TOPO'S RESORT LLC

Firm/Company

11402 NW 41ST STREET SUITE 211

Address

DORAL , FLORIDA 33178

City/State and Zip Code

hernan@microbytecc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hernan Koch

Name of Person

at (**786**) **245-0673**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ $25.00 Filing Fee   ❑$30.00 Filing Fee &   ❑$55.00 Filing Fee &   ❑$60.00 Filing Fee,
                                    Certificate of Status   Certified Copy   Certificate of Status &
                                                  (additional copy is enclosed)   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

FILED

2013 NOV -7 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOPO'S RESORT 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 **06/06/2013** and assigned Florida document number **L13000082360** .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS)   _____

_____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX)   _____

_____

B.   If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

<u>Name of New Registered Agent</u>:   _____

<u>New Registered Office Address</u>:   _____

Enter Florida street address

_____, **Florida** _____

City   *Zip Code*

<u>New Registered Agent's Signature, if changing Registered Agent</u>:

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 Changing Registered Agent, <u>Signature of New Registered Agent</u>

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	KOCH, HERNAN JAVIER	2801 NE 208TH TERRACE, SECOND FLOOR **AVENTURA, FL 33180**	☐ Add ☑ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

Dated **NOVEMBER 4**_____ , **2013**____ .

_____
Signature of a member or authorized representative of a member

HERNAN J KOCH, MGRM
_____
Typed or printed name of signee

Page 3 of 3

Filing Fee: $25.00