

L13000106403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000267510730

12/19/14--01017--005 **30.00

FILED
14 DEC 19 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 29 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Shelf Project, 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:

Cristina Mencia Beauperthuy

Name of Person

Firm/Company

6464 Caballero blvd

Address

Coral Gables, FL 33146

City/State and Zip Code

mencia.cristina@gmail.com

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

For further information concerning this matter, please call:

Cristina Mencia Beauperthuy

at (305) 975.5119

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations

FILED
14 DEC 19 PM 1:49
ASSIGNED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L13000106403

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

Coral Gables, FL 33146

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Cristina Mendia Beauperth	6464 Caballero blvd	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
MGR	Cristina M. Beauperthuy	6464 Caballero blvd	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
MGR	Andrew G Beauperthuy	6464 Caballero blvd	<input checked="" type="checkbox"/> Add
		Coral Gables, FL 33146	<input type="checkbox"/> Remove
MGR	Kristof H Rest	6464 Caballero blvd	<input type="checkbox"/> Add
		Coral Gables, FL 33146	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 14 DEC 19 PM 1:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: 1/1/2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 17th, 2014



Signature of a member or authorized representative of a member

Daniel Beauperthuy

Typed or printed name of signee

FILED
14 DEC 19 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA