L13000106403



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DEC 2 9 2014

T. HAMPTON

COVER LETTER

TO: ,Registration S Division of Co			
Top She subject:	elf Project, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Cristina Mendia Bea	uperthuy	
		Name of Person	
		Firm/Company	
	6464 Caballero blvd		
	Coral Gables, FL 33	Address	
		City/State and Zip Code	
	mendia.cristina@gma		
		to be used for future annual report notific	ation)
For further information	concerning this matter, please concerning the con		
Cristina Mendia B	Beauperthuy	at () 975.5119 Area Code Daytime 7	
Name	of Person	Area Code Daytime	l'elephone 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)
Regis	LING ADDRESS:	STREET/COURIE Registration Section	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Shelf Project, LLC		C 19
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	THE R IT
The Articles of Organization for this Limited Liability Company Florida document number L13000106403		FI Sussigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Tuber Tutors, LLC		
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	6464 Caballero blvd	
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 33146	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	Type of Action
MGR	Cristina Mendia Beauperth	6464 Caballero blvd	_ Add
		Coral Gables, FL 33146	☐ Remove
MGR Cristina M.	Cristina M. Beauperthuy	6464 Caballero blvd	A dd
		Coral Gables, FL 33146	Remove
MGR	Andrew G Beauperthuy	6464 Caballero blvd	■ Add
		Coral Gables, FL 33146	☐ Remove
MGR	Kristof H Rest	6464 Caballero blvd	
		Coral Gables, FL 33146	■ Remove
			□ Remove
			14 DEC SACRE
			14 DEC +9 PH 1: 49 SECRETARY OF STATE TAPLAHOSSEE, FLORIDA
	Pag	e 2 of 3	PH 1:49 OF STATE E.FLORIDA

Famending any other information, enter change(s) here: (Attach add	amonai sneets, ij necessar _i v.)
Effective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date and can the date this document is filed by the Florida Department of State)	(optional) not be more than 90 days after
December 17th 2014	
amy Zenguthe	
Signature of a member or authorized represent	itive of a member
Daniel Beauperthuy	

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Filing Fee: \$25.00

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