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| (R | equestor's Name) | |
|-------------------------|---------------------|--------------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone | ə #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | ne) |
| (D | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| Division of Co | | | | |
|---------------------------|---|---|--------------------|------------------|
| SUBJECT: | Top Notch Name of Lim | Hato Mall, ited Liability Company | LLC | |
| The enclosed Articles o | f Amendment and fec(s) are sub | mitted for filing. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | Negl | Sukeleo | | |
| | | Suxcleo Name of Person | | |
| | Top No | Heh Aarb Mall, | LLC | |
| | | | | |
| | 16334 | Mevedrew Lan | e | |
| | • | Address | | - huo |
| | Clein | City/State and Zip Code | / | |
| | | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual report noti | fication) | |
| For further information | concerning this matter, please ca | | | AUG-4 FM 1: 33 |
| Negl | Sukdeo | at (321) 246 Area Code Daytim | - 0947 | \mathbb{R}^{n} |
| Name | of Person | Area Code Daytim | e 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) | Certified (| e of Status & |

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

| Top Notch Auto Make | , UC | |
|--|---|-----------|
| (Name of the Limited Liability Company as it now (A Florida Limited Liability Com | v appears on our records.) npany) | |
| The Articles of Organization for this Limited Liability Company were filed Florida document number | I on | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liability compa | pany here: | |
| The new name must be distinguishable and end with the words "Limited Liability Compan | ny," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | ~2 | |
| (Principal office address MUST BE A STREET ADDRESS) | CSI J.: | |
| | | |
| | | |
| Enter new mailing address, if applicable: | ्रिंट, चन्नु | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | رن (<u>-</u> - این (ن | |
| B. If amending the registered agent and/or registered office address here: | ress on our records, <u>enter the name of the ne</u> | <u>:w</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| En | nter 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

| IGR = Ma MBR = Au | anager uthorized Member | | | |
|----------------------|----------------------------|--------|---|----------------|
| <u>`itle</u> | <u>Name</u> | | Address | Type of Action |
| MGR | KAMINI | SUKDED | 16334 Merediew Lane Clement 76 34711 | 🗖 Add |
| | | | Cleumont 76 34711 | Remove |
| | | | | |
| | | | MP- 4-1 | Remove |
| | | | | □ Ade. |
| | | | | The Remove |
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| 11 amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | • |
| ffective he effectiv he date thi | date, if other than the date of filing: |
| ated | July 31, 1 2014 |
| | //eal Andre |
| | Signature of a member or authorized representative of a member NEAL SUKDEO |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00