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SHORETARY OF STATE
TARELAHASSEL ALORINA

J. Shivers OCT 2 8 2014

ARTICLES OF AMENDMENT, TO ARTICLES OF ORGANIZATION OF

Top J Imperio	ability Company as it now appears on our records,) orida Limited Liability Company)		
(Name of the Limited Li (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)		
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assign	ıed
Florida document number 1 14000 126	<u>7 19 .</u> 1		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the words	"I imited Liability Company" the designation "I I C" or the	shbreviation "I.I	<u> </u>
the new name must be distinguishable and end with the words	Elimited Elabinity Company, the designation ELEC of the	, audiovation 13.2	
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A)	DDRESS)	با کانور	
	<u></u>	<u> </u>	
		0,4	
Enter new mailing address, if applicable:	•		111
(Mailing address MAY BE A POST OFFICE BOX	0	24 \$\$	CAMPITALIA PROTESSIÓN
			Caranas I I I
			(Vineman)
B. If amending the registered agent and/or r		r the name of	the nev
registered agent and/or the new registered office	<u>address here</u> :	5 A	
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 **Type of Action** <u>Address</u> President <u>Name</u> MGRM Hope Owiye 165 Sierra Drive. MIGMI, FL 33179 _□ Remove VP MGRM OFFOR Justice 18182 NW 41 Place XADD Migmi Gardens Ft 33055 - Remove ☐ Remove □ Add ☐ Remove ☐ Add ☐ Remove

. If ameh	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 -	
(The effective	e date, if other than the date of filing: (optional) ive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after his document is filed by the Florida Department of State)
Dated	9/21/14
	(Helwige Hole
	Signature of a member or authorized representative of a member
	HOPE OWIYE
	Typed or printed name of signee

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