L14666185465

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
opesial institutions to timing officer.	

Office Use Only



400309024864

02/15/18--01015--019 **25.00

18 FEB I F PM 7: 54

SECRETARY OF STATE FALLAHASSEE, FLORIDA

COVER LETTER

TO:		istration Se ision of Cor		
SUBJE	CT.	TOPENCA	LLC	Ĭ.
SODJE	CI.		Name of Lim	ited Liability Company
The end	losed	Articles of	Amendment and fee(s) are sub	emitted for filing.
Please r	eturn	all correspo	ndence concerning this matter	to the following:
			THAMARA PEREZ	
				Name of Person
			TABADESA ASSOCIAT	ES INC
 				Firm/Company
			419 W 49 ST STE 111	
Address				Address
			HIALEAH, FL 33012	
				City/State and Zip Code
			TAMMYP@TABADESA.	
For fuet	har in	formation of		to be used for future annual report notification)
rorium	ner in	tormation co	oncerning this matter, please ca	aii:
THAMARA PEREZ			305 558-0622 at ()	
		Name o	f Person	Area Gode Daytime Telephone Number
Enclose	d is a	check for th	e following amount:	
\$25	.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	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

TOPENCA LLC	l l		
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our recordinability Company)	<u>~</u>)
The Articles of Organization for this Limited Lia Florida document number L14000189405	ability Company	were filed on 12/11/2014	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liabi	lity company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabili	y Company," the designation "LLC	" or the abbreviation "L.L.C"
Enter new principal offices address, if applica			CRETA B FEB
(Principal office address MUST BE A STREET	T ADDRESS)		SER SER
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		FLORIDA 7:54
B. If amending the registered agent and/or registered agent and/or the new registered off			, enter the name of the nev
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		Flo	orida
		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

or removed	from our records:	\[\begin{align*} \text{ \ \text{ \ \text{ \	
MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cesar G Toni	1570 NW 82nd Ave	
		Miami, FL 33126	Remove
			Change
	,		
			□ Remove
			☐ Change
			□ Remove
			□ Change
			D Add
			□ Remove
			☐ Change
			Add
			Remove
			Change
			🗅 Remove
			☐ Change

. If amending any other information, en	ter change(s) here	(Attach additional sheets, if necessary.)	
·			
			
			— ≈ ⁵
			<u> </u>
			- B3
			<u>~</u>
			_ -};
			2
			
-	_ .		
Effective date, if other than the date of	filing:	(optional)	
If an effective date is listed, the date must be specif Note: If the date inserted in this block does	ic and cannot be prior to not meet the applica	date of filing or more than 90 days after filing.) Pursuant ble statutory filing requirements, this date will not be	to 605.0207 (be listed as t
document's effective date on the Departmen			
ne record specifies a delayed effecti The 90th day after the record is fi		an effective time, at 12:01 a.m. on the	earlier of:
the John day area the record is in			
Dated February 13	2018		
1	 • <u></u> -	- '	
h-1			
Signature Signature	of a member or author	zed epresentative of a member	
Christian Toni			
	Typed or printed	name of signee	_
	Page .] 3 of 3	

Filing Fee: \$25.00