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SEURETARY OF STATE

COVER LETTER

TO: Registration Sect Division of Corpo				
subject: <u>Uniq</u>		to hers L2C led Liability Company		
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:		
	Stanley B	aptiste Name of Person		
		Firm/Company		- TASE
	2303 W Me	Nan Rel Suite	12 E B34	7 APR 17
		FL 33669 City/State and Zip Code		PH 3:
	E-mail address: (to	OYUNOV, CO WAS to be fised for future annual report notific	ation)	10
For further information cor	ncerning this matter, please cal	H:		
Stanley Bag	Histe Person	at (954) 549 - 2 Area Code Daytime	Felephone 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 Sta Certified Copy (additional copy is en	tus &

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

(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	.)
(A Florida Limited Liability Company)	-
The Articles of Organization for this Limited Liability Company were filed on $34-24-3$ Florida document number 4.15000073516 .	20/5 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	,
TOP Floors noto Brokers 140	1 F. G.
TOP Floors Auto Brokers LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC"	or the abbreviation Q.L.C.
Enter new principal offices address, if applicable:	17 SS:
(Principal office address MUST BE A STREET ADDRESS)	P merc
	3: Cost
	19 ROTE
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, registered agent and/or the new registered office address here:	, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
. Flo	rida
City	rida 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 furprovisions of all statutes relative to the proper and complete performance of my duties, and accept the obligations of my position as registered agent as provided for in Chapter 605, F being filed to merely reflect a change in the registered office address. I hereby confirm that company has been notified in writing of this change.	d I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	Ianager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□ Change
			□ Add
			Remove IL ASSET
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