

L15000072516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800303920318

10/04/17--01009--013 **25.00

FILED
17 OCT -4 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
145/17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top floors Auto Brokers LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stanley Baptiste
Name of Person

TOP FLOORS Auto Brokers LLC
Firm/Company

2303 W Menab Rd Suite 12 # 637-38
Address

Pompano FL 33069
City/State and Zip Code

UniqueTAX13@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stanley Baptiste at (904) 549-8620
Name of Person Area Code Daytime 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) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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 FLOORS AUTO BROKERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04-24-15 and assigned
Florida document number L15000072516.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

2303 W McNab Rd Suite 123
Bay C-37-38

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1425 NE 56th Street Apt 2
Fort Lauderdale FL 33334

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Stanley Baptiste

New Registered Office Address:

2303 W McNab Rd Suite 123 Bay C-37-38

Enter Florida street address

Pompano

City

Florida

33069

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.

Stanley Baptiste

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Stanley Baptiste	1425 NE 56 th Street Apt 2	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33334	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cynthia petit	1425 NE 56 th Street Apt 2	<input type="checkbox"/> Add
		Fort Lauderdale FL 33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 OCT -4 AM 9: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
17 OCT -4 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 9-30-2017.

Steve Buehler

Signature of a member or authorized representative of a member

Stanley Baptiste

Typed or printed name of signee