LICCCO3CGG

| (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: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|--|--|
| SUBJECT: Top Sco | ore Watch, LLC | dr. of Unbilling Company | |
| | Name of Lin | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Samuel B. Silverma | | |
| | | Name of Person | |
| | Top Score Watch, L | | |
| | | Firm/Company | |
| | 5500 MILITARY TR | AIL, SUITE 22-260 | |
| | | Address | |
| | JUPITER, FL 33458 | | |
| | | City/State and Zip Code | |
| | sam.silverman@gma E-mail address: (| ill.com to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please c | all: | |
| Samuel B. Silverm | nan | at (561) 386-5356 | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| MAII | ING ADDRESS: | STREET/COURIE | ER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Top Score Watch, LLC | | | <u> </u> |
|---|---|---|-----------------------------|
| (<u>Name of the Limited L</u> (A F | i <mark>ability Company</mark> Iorida Limited Liab | as it now appears on our records.) oility Company) | |
| The Articles of Organization for this Limited Liabil | ity Company we | ere filed on 02/01/2016 | and assigned |
| Florida document number L16000030695 | · | | |
| This amendment is submitted to amend the following | ıg: | | |
| A. If amending name, enter the new name of the | limited liabilit | y company here: | |
| | | | |
| The new name must be distinguishable and contain the words | "Limited Liability | Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 5500 MILITARY TRAIL | |
| Principal office address MUST BE A STREET A | DDRESS) | SUITE 22-260 | 2020 |
| | | JUPITER, FL 33458 | 20 |
| | | · | |
| Enter new mailing address, if applicable: | Ę | 5500 MILITARY TRAIL | . 8 <u></u> |
| Mailing address MAY BE A POST OFFICE BOX) | | SUITE 22-260 | |
| | | JUPITER, FL 33458 | · 22 |
| | _ | | |
| If amending the registered agent and/or registered agent and/or the new registered office | ~ | e address on our records, | enter the name of the n |
| | | | |
| Name of New Registered Agent: | Registered Agents Inc. | | |
| New Registered Office Address: 7901 4TH ST. N, SUITE 300 | | | |

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.

ST. PETERSBURG

Ciry

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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> | Address | Type of Action |
|--------------|-----------------------|-------------------------|-----------------------------|
| MGRM | Samuel B. Silverman | 268 CALLE DOS HERMANOS | Add |
| | | UNIT 5 | ☐ Remove |
| | | SAN JUAN, PR 00907 | |
| MGRM | Michael B. Schoenfeld | 3203 PLANTATION VILLAGE | □ Add |
| | | DORADO, PR 00646 | ☐ Remove |
| | | | ☑ Change |
| | | | Change 2020 Add Co Remove |
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| ective date, if other than the day | ate of filing: | (optional) ng or more than 90 days after filing.) Pursuant to 605.020 |
| te: If the date inserted in this block | k does not meet the applicable statutor | y filing requirements, this date will not be listed a |
| cument's effective date on the Depa | artment of State's records. | |
| record specifies a delayed e | effective date, but not an effec | tive time, at 12:01 a.m. on the earlier of |
| he 90th day after the recor | | , |
| , November 23 | 2020 | |
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Page 3 of 3

Filing Fee: \$25.00