160000437-96

(Re	questor's Name)	
(Ad	dress)	
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Y SULKER

Key Biscayne, FL 33149 Apt 202 210 Seaview Dr. Ines Neuhaus,

April 19, 2016

Tallahassee, FL 32314 P.O. Box 6327, Division of Corporations, Florida Department of State

Dear Sirs,

My name is Ines Weuhaus, phone number (305) 332-4898 and my return address is:

210 Seaview Dr.

Apt. 202

Key Biscayne, FL 33149.

LLC Florida Document: L16000043796. Regarding the correction of the address and the Registered Agent I am attaching the documentation with the changes needed for the Company; Top Designer Properties,

for the Corporation

Warm regards,

COVER LETTER

TO:	Registration Sec Division of Corp		V		
SUBJE	CT:	Name of Limi	ted Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		- LNE	NEUHAUS Name of Person		
		TOP	Designed Firm/Company	PROPERTIES	LLC
		210 SER	VIEW DR, F	APT 202	
			BISCAYNE City/State and Zip Code		
		NEUHAUS E-mail address: (i	to be used for future annual report notifi	9 HOO, com cation)	
For fur	ther information co	oncerning this matter, please ca	all:		
	INES Name of	NEUHAUS Person	at (305) 332 Area Code Daytime	- 4898 Telephone Number	
Enclos	ed is a check for th	e following amount:			
□ \$2.	5.00 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 ARTICLES OF ORGANIZATION **OF**

TOP I	De 516	SNER PROPERTIES, LLC
(Name of the Limited (A	Florida Limited I	ny as it now appears on our records.) Liability Company)
Florida document number <u>L 60004</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the	37 <i>96</i> ring: he limited liabi	
The new name must be distinguishable and contain the word	Is "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	210 DEAVIEW DE
Principal office address MUST BE A STREET.	<u>ADDRESS)</u>	REY BISCAYNE, FL 33139
Enter new mailing address, if applicable:		210 SEAVIEW DOZ
(Mailing address MAY BE A POST OFFICE BO	2X)	APT 202
		REY BISCAYNE, FL 33149
B. If amending the registered agent and/or registered agent and/or the new registered office		ffice address on our records, enter the name of the new
Name of New Registered Agent:	工/	NES NEUHAUS :
New Registered Office Address:	210	SEAVIEW DR APT \$02 Enter Florida street address
	Rey	BISCAYNE, Florida 33149 City Zip Code
New Registered Agent's Signature, if changing Re	pistered 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 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>	Name	<u>Address</u>	Type of Action
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			☐ Remove
			☐ Change
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n effective o o <u>te:</u> If the	ate, if other than the d date is listed, the date must be date inserted in this bloc effective date on the Dep	be specific and cannot be pr ck does not meet the app	rior to date of filing o dicable statutory fi	r more than 90 da		
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The 90th						
	APRIL 19	m, 201	<u>6</u> .			
	APRIL 19	tn , 201	6. rîs M	w	>	
	APRIL 19	Signature of a member or an	6. 2 nuthorized representati	ive of a member	>	

Page 3 of 3

Filing Fee: \$25.00