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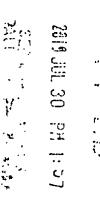
(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

SUBJECT:	O-TOP LLC					
Sobject.		Name of Lim	ited Liability Company	··· <u>·</u>		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		Hamid Benkelloua				
		O-TOP LLC	Name of Person	····		
		2665 SW 37th Avenue Un	Firm/Company it 907			
		MIAMI, FL., 33133	Address			
		management@o-top-us.com				
For further in	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report notifi all:	cation)		
Hamid Benk	etloua		786 603-5847			
	Name o	Person		Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	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:

TO:

Registration Section Division of Corporations

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

O-TOP LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were Florida document number L16000130304	re filed on July 15 2019 and assigned
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 C	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
-	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	*
Manual address WAT DE ATOST OF FICE BOXY	ž: ÷
	
B. If amending the registered agent and/or registered office	address on our possible onter the name of the n
registered agent and/or the new registered office address here:	e address on our records, enter the name of the n
Name of New Registered Agent:	
New Paristand Office Address	
New Registered Office Address:	Enter Florida street address
	, Florida
	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

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	REMY MARCIANO	2665 SW 37FH AVE	
			
		UNIT 907	
			☐ Remove
		MIAMI, FL 33133	
			Change
			□ Remove
			77 (1)
			Change
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(If an effective Note: If the	date is listed, the date inserted	he date must be spe I in this block do	of filing: cific and cannot be prices not meet the appleant of State's record	or to date of filing icable statutory	g or more than 90 da	(optional) ys after filing.) Pursua nts, this date will no	ent to 605,0207 (et be listed as t
		delayed effective the record is	ctive date, but n filed.	ot an effecti	ive time, at 12	2:01 a.m. on the	e earlier of:
JUL. Dated	Y 15		2019				
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		Signali	ire of a member or aut	norizeu represen	iative of a member		
	HAMID BEN	KELLOUA					

Page 3 of 3

Filing Fee: \$25.00