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CHD 167°F.		E TOP PRODUCE L.L.C.					
SUBJECT:Name of Limited Liability Company							
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.				
		ndence concerning this matter	· ·				
		YENY FERNANDEZ					
			Name of Person				
		OVER THE TOP PRODU	ICE L.L.C.				
			Firm/Company				
		20414 NW 55 CT					
			Address				
		MIAMI GARDENS, FL 3	3055				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code				
		GUINESYENY@GMAIL.					
			to be used for future annual report notif	ication)			
For further i	information co	oncerning this matter, please co	all;				
YENY FER	RNANDEZ		305 846-6823 at ()				
	Name of	Person	Area Code Daytime	: Telephone Number			
Enclosed is	a check for th	e following amount:					
□ \$25.00 I	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

OVER THE TOP PRODUCE L.L.C.		
(Name of the Limited Liabil (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	·
The Articles of Organization for this Limited Liability (Florida document number L16000159985	Company were filed on AUGUST 25, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
OVER THE TOP INVESTORS L.L.C.		17 91/
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the designation "LLC" or the a	obression & L.C.
OVER THE TOP INVESTORS L.L.C. The new name must be distinguishable and contain the words "Lir Enter new principal offices address, if applicable:		N 07 25
(Principal office address MUST BE A STREET ADD		The second secon
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		ED SH 3: 27 Cube of Allows
B. If amending the registered agent and/or registered agent and/or the new registered office ado	stered office address on our records, <u>enter</u> lress <u>here</u> :	the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	The state	
	Florida	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JANIEL RODRIGUEZ	20414 NW 55 CT, MIAMI GARDI	3 Add
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			Change
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			Remove
		-	□ Change
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ective date, if other is effective date is listed, the	e date must be specifi	ic and cannot be pri-	or to date of tiling or	more than 90 days at	tional) ler filing.) Pursoant t	lo 605.020
e: If the date inserted ument's effective date	in this block does , on the Department	not meet the appl t of State's record	cable statutory fil s.	ng requirements, t	his date will not be	e listed as
record specifies a he 90th day after	delayed effecti	ve date, but n	ot an effective	time, at 12:01	a.m. on the e	arlier o
ne sour day arter	the record is in	ieu.				
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Filing Fee: \$25.00