## L16000189533

(Reque	stor's Name)			
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PICK-UP	WAIT	MAIL		
(Busine	ess Entity Name	e)		
(Document Number)				
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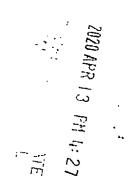
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## **COVER LETTER**

	Registration Se Division of Cor					
Top Choice Mechanical, LLC						
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		Shanna Stone				
Name of Person						
Top Choice Mechancial						
Firm/Company				<del> </del>		
123 N. Industrial Dr. Suite D						
			Address			
		Orange City, FL, 32763				
			City/State and Zip Code			
	admin@topchoicemechanical.com					
For furth	er information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)		
Shanan S			386 775-7974			
Name of Person		Area Code Daytii	me Telephone Number			
Enclosed	l is a check for th	ne following amount:				
<b>≡</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration S	Street Address: Registration Section			
Division of Corporations		Division of Co	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 APR 13 PM 4: 21 Top Choice Mechanical, 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  $\frac{10/12/2016}{10/12/2016}$ and assigned Florida document number L16000189533 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 "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) 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: New Registered Office Address: Enter Florida street address

## 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.

City

\_\_\_\_\_, Florida \_\_\_

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 2020 APR 1	3 PM 4:28	Type of Action
MGR	Aaron Albert	123 N. Industrial Dr. Suite D		<b>≣</b> Add
		Orange City, FL. 32763		□Remove
				□Change
	<del></del>		□Add	
			□Remove	
			□Change	
			🗆 Add	
		<del></del>		□Remove
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			_ <del></del>	□Remove
				□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2020 APR 13 PH 4: 28 E. Effective date, if other than the date of filing: 04/09/2020 (entio (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed. Dated \_\_ April 09 2020 Signature of a member or authorized representative of a member Aaron Albert

Typed or printed name of signee