

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H17000213700-3)))



H170002137003ABCV

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOPCELL 1 LLC

Certificate of Status	0
Certified Copy	0
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FILED  
17 AUG 11 AM 11:23  
TALLAHASSEE, FLORIDA

1 of 2

2017 AUG 11 PM 4:51

TALLAHASSEE, FLORIDA

S. WARREN

8/11/17, 4:10 PM

AUG 14 2017

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

TOPCELL 1 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 APRIL 5, 2017 and assigned Florida document number L17000078025.

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:

9600 NW 25 STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 2E

MIAMI, FL 33172

Enter new mailing address, if applicable:

9600 NW 25 STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 2E

MIAMI, FL 33172

**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

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

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CLERK OF DISTRICT COURT  
MIAMI, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	ROBERTO CRUZ	11441 LAKESIDE DRIVE, #2102	<input type="checkbox"/> Add
		DORAL, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA C. MONTANEZ	9600 NW 25TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 2E	<input type="checkbox"/> Remove
		MIAMI, FL 33172	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated AUGUST 11

Signature of a member or authorized representative of a member

STEVEN F. PESSOA/ATTORNEY - AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

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SOUTHERN DISTRICT  
FLORIDA