

L17000079427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

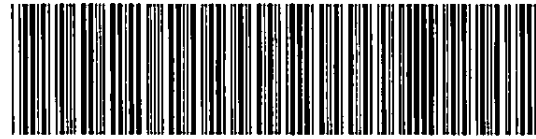
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800302147558

08/14/17--01004--030 **25.00

FILED
17 AUG 24 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2017 AUG 11 AM 8:59
TALLAHASSEE, FLORIDA

D. SCOTT
AUG 24 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2017

FOSMOND MARICHARLES
3455 SW 62ND WAY
MIRAMAR, FL 33023

SUBJECT: TOP FINANCIAL MOTORS "L.L.C."
Ref. Number: L17000079427

We have received your document for TOP FINANCIAL MOTORS "L.L.C." and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please include address, and type of action on page 2 of 3.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux
Regulatory Specialist

Letter Number: 817A00016583

RECEIVED
2017 AUG 24 PM 12:02
TALLAHASSEE, FL 32314

FILED
17 AUG 24 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

TOP Financial Motors L.L.C.

(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 04/10/2017 and assigned Florida document number L17000079437.

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

City

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

FILED
17 AUG 24 PM 3:51
TALLAHASSEE, FL
SECRETARY OF STATE

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	FOSMOND Marichards	3455 SW 62nd Way	Add
-----	--------------------	------------------	-----

		Miramar FL 33023	<input type="checkbox"/> Remove
--	--	------------------	---------------------------------

			<input checked="" type="checkbox"/> Change
--	--	--	--

MGR	Margarette Verette	3455 SW 62nd Way	Add
-----	--------------------	------------------	-----

		Miramar FL 33023	<input type="checkbox"/> Remove
--	--	------------------	---------------------------------

			<input checked="" type="checkbox"/> Change
--	--	--	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

FILED
JUN 24 PM 3:51
TALLAHASSEE, FL
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending regarding my Name, I do not
have any initial.
It is not "FOSMOND Maricharles F." it is Fosmond
Maricharles"

Add: 82-2395037

Changing on page 2 of 3 is its about
title.

FOSMOND Maricharles is Manager and his wife
Margarette Verette is Manager and we
live at the same address.

E. 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08-07-17

Maricharles Fosmond

Signature of a member or authorized representative of a member

FOSMOND Maricharles

Typed or printed name of signer

FILED
AUG 24 PM 3:51
STATE OF MISSISSIPPI
RECORDS & ADMINISTRATION