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Special Instructions to Filing Officer:
Kevin Hale gave
AUTHORIZATION PY PHONE TO CORRECT SUTTIX
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OCT OB 2017
J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Top Dog Holdings and Development Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
KEVIN HA-LE Name of Person
Name of Person
Firm/Company
537 SINAISE CT,
Address
LAKE WORTH, FL 33460
City/State and Zip Code big-Fahuna_2+@yahoo.com E-mahaddress: (to be used for future annual report polification)
For further information concerning this matter, please call:
Mame of Person at (561) 282 -8641 Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee

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

Top Dog Holdings a	mpany as it now appears on our records.) ted Liability Company)
(Name of the Limited Liability Con (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comparison of the Limited Liability Comparison 4.700200 .	any were filed on $\frac{69/27/17}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited I Top Dog Holdings and Developm The new name must be distinguishable and contain the words "Limited L	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	
Enter new mailing address, if applicable:	00 -2 F
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the new</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zin 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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
	<u> </u>		
		□ Remove	
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Filing Fee: \$25.00