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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	: #)
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(Do	ocument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
TOPBEAU LLC				
SUBJ	IECT:	Name of Lim	ited Liability Company	
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		William R Martinez		
			Name of Person	
		TOPBEAU LLC		
			Firm/Company	
		3230 NW 19 TER		
			Address	
		Miami, FL 33125		
			City/State and Zip Code	
		wmartinez@topbeau.com		
		E-mail address: (to be used for future annual report noti	lication)
For fi	irther information co	oncerning this matter, please co	all:	
Willia	am R Martinez		786 2699833	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclo	sed is a check for th	e following amount:		
■ \$:	25.00 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, F1, 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

TOPBEAU LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears on our records.) Jiability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.18000055771	were filed on March 02, 2018	_ and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LEC" or the abbre	viation "L.L.	<u></u>
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SS.
		N.	至是
		=	-332 -327 -
Enter new mailing address, if applicable:		70	2001 CC (1
(Mailing address MAY BE A POST OFFICE BOX)		ာင မေ	C.
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B. If amending the registered agent and/or registered of		e name of	the nev
registered agent and/or the new registered office address here	<u>e</u> :		
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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	William R Martinez	3230 NW 19 TER Miami, FI 33125	Add
			□ Remove
			☐ Change
MGRM	Alejandra Sanchez	3230 NW 19 TER Miami, Fl 33125	Add
			□ Remove
			■ Change
		_	Add
			□ Remove
			□ Change
			Add
			Remove
		-	Change
	,		Add
			Remove
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			Remove
			Change

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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the Dep	be specific and cannot be ack does not meet the a	prior to date of filing or oplicable statutory fil	(optional) more than 90 days after filing ling requirements, this date	.) Pursuant to 605.020
record specifies a delayed The 90th day after the reco		t not an effective	e time, at 12:01 a.m.	on the earlier o
June 04	2018	·		
	2. [Mek			

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Filing Fee: \$25.00