

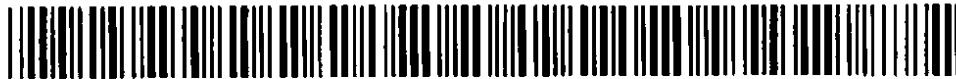
8/10/2018

Division of Corporations

**L180002339423**  
 Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

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

From:

Account Name : NEW LIFE COMPANY, INC.  
 Account Number : 120150000122  
 Phone : (786)218-4201  
 Fax Number : (305)824-8858

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

Email Address: bflorez0110@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 A TOP TRADING LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

O. SIMMONS

AUG 10 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A TOP TRADING 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 04/20/2018 and assigned  
Florida document number L18000100293.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

"SAME"

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

"SAME"

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

"SAME"

(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:

"SAME"

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

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>                      |
|--------------|--------------------|-----------------------------|--|
| AMBR         | ALVARO MALDONADO   | 1830 RADIUS DRIVE # 819     | <input type="checkbox"/> Add               |
|              |                    | HOLLYWOOD, FL 33020         | <input checked="" type="checkbox"/> Remove |
|              |                    |                             | <input type="checkbox"/> Change            |
| AMBR         | PRISCILLA BEJARANO | 8315 NW 186 STREET UNIT 405 | <input checked="" type="checkbox"/> Add    |
|              |                    | HIALEAH, FL 33015           | <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            |
|              |                    |                             | <input type="checkbox"/> Add               |
|              |                    |                             | <input type="checkbox"/> Remove            |
|              |                    |                             | <input type="checkbox"/> Change            |

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

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18  
SECRET  
TALLAH. SECRET  
TALLAH. SECRET

**E. Effective date, if other than the date of filing:** AUGUST 10, 2018 (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 10, 2018

Signature

BLEYDI FLOREZ

Typed or printed name of signee