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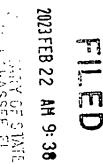
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations	
SUBJECT: TOP	PEH, LLC Name of Limited Liability Company	
	Name of Entitled Entitlety Company	
The contract Assistance A	Amondo and Garlo and Garlo Grant	
	Amendment and fee(s) are submitted for filing.	
Please return all correspon	endence concerning this matter to the following:	
	Frederick A. Andrew Name of Person	
	TOPEK, LLC	
	507 Center Point Rd	. 2023
	Valvico, FL, 33594	2023 FEB 22 AM 9: 38
	City/State and Zip Code	SS.S.
	FAANDREW3@ HMAIL.	COM STATE TO
For further information co	oncerning this matter, please call:	75 38
Frederich	f Person Arrivew at (813) 600 - S	8232
Name of	FPerson Area Code Daytime To	clephone Number
Enclosed is a check for the	ne following amount:	
∑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Se	Section Registration Section	
Division of Co P.O. Box 6327		
		·

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOPEH, LLC				
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears o ida Limited Liability Company)	n our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>ししまめゆいり</u> し	Company were filed on 0^{0}	4/27/2018 and assigned		
This amendment is submitted to amend the following:	•			
A. If amending name, enter the new name of the lin	mited liability company here	:		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	gnation "LLC" or the abbreviation L.L.C."		
Enter new principal offices address, if applicable:		23 P		
(Principal office address MUST BE A STREET ADL	DRESS)	22		
Enter new mailing address, if applicable:		Sec. 3. 0		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered				
B. If amending the registered agent and/or register agent and/or the new registered office address here		ords, enter the name of the new registere		
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

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>	Name	Address	Type of Action
(FO	MILES, WILMAL	507 center Point Rd	□Add
			DRemove
			Change
			□ Add
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			□Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 tote: If the date inserted in this block does not meet the applicable statutory filing requirem ocument's effective date on the Department of State's records.	(optional) days after filing.) Pursunents, this date will n	uant to 60 not be li	05.0207 sted as 1
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl is filed.	lier of: (b) The 90th	n day af	ter the
ated February 12, 2023.			
Signature of a member or authorized representative of a member of	oer		

Filing Fee: \$25.00