

(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Ont	v

# 500355946915

12/07/20--01019--009 \*\*30.00



1.1A-1/19/21



# **COVER LETTER**

TO: Registration Section	Registration Section
	<b>Division of Corporations</b>

Top Value Distributors LLC

SUBJECT:

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:

Felix C Garcia

Name of Person

Garcia Accounting & Tax Services Inc

Firm/Company

10750 SW 24th Street

Address

Miami FI 33165

City/State and Zip Code

FGarciaTaxes1@Bellsouth.Net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Felix C Garcia
 305
 5514959

 Name of Person

 Area Code
 Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

\$30,00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Value Distributors 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 Sept 13,2018	and assigned
Florida document number 118000220877	

This amendment is submitted to amend the following:

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

ility Company," the designation "L1.	C" or the abbreviewn "L.L.C."
Bivieti Barrios	DE **
14470 SW 22nd Street	
Miami FI 33175	
	ä ö O
14470 SW 22nd Street	<u>&amp;</u>
Miami Fl 33175	
	Bivieti Barrios 14470 SW 22nd Street Miami FI 33175 14470 SW 22nd Street

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Enter Florida street address	
þ	Iorida

#### 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. Thereby confirm that the limited liability company has been notified in writing of this change.

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>	Address	<b>Type of Action</b>
AMBR	Rosalia Yser Cruz	10300 SW 35th Street Miami FI 33165	🖻 Add
			🗆 Remove
			□Change
<u>.                                    </u>			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			[]Remove
			🗍 Change
			🗆 Add
			Remove
			🗆 Change
	<u> </u>		🗆 Add
			🛛 Remove
			□Change
			□ Add
			🗆 Remove



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

	<u> </u>
Nov 24,2020	
ive date, if other than the date of filing:	(optional)

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 Nov 24 2020 Signature of a member or authorized representative of a member

Bivieti Barrios

Typed or printed name of signee