118000 278610

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	. Certificate	s of Status
Special Instructions to F		

Office Use Only



900320785209

12/10/18--01020--005 **25.00

18 DEC 10 PM 5: 22
SECRETARY OF STATE
TALLAHASSEF, FLORIDA

307 JE

T SCHROEDER

COVER LETTER

TO:	Registration Sec Division of Corp		•	
611D 167	TOP CHAN			
SUBJE	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		RODNEY JOSE BUENO	JIMENEZ	
			Name of Person	
		TOP CHANGE LLC		
			Firm/Company	
		3397 S KIRKMAN RD		
			Address	
		ORLANDO, FL 32811		
			City/State and Zip Code	_
		PARALEGALRODNEYB	UENO@GMAIL.COM (to be used for future annual report notifi	and any
Confirm	har information of	ncerning this matter, please o		Callen
RODN	EY JOSE BUENC)	850 797-8429 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5,00 Filing Fee & Certified Copy radditional 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, 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 CHANGE LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records, d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L18000278610	ny were filed on 12-03-2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 18 ····
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(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 h		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	FIA	orida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LUGO GOMEZ,GUILLERMO		Add
			■ Remove
			Change
		. 	□ Add
			☐ Remove
			□ Change
			6 1
			Remove Re
			□ Remove
			Change
			Add
			Remove
			☐ Change
			🗆 Add
			☐ Remove
			Change

SECRE ARY OF STALLAHASSES FIL
DEC 10 P
DEC 10 P
DEC 10 P
0E0 70 P
DEC TO CRECATE OF THE COLOR OF
0E0 70 P
DEC TO CRECATE OF THE COLOR OF
0E0 70 P
DEC TO CRECATE OF THE COLOR OF
DEC TO CRECATE OF THE COLOR OF
2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
<u>`</u>
<u>`</u>
98.4
141 10811

Page 3 of 3

Filing Fee: \$25.00