L19000046447

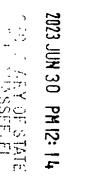
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Re: Amend Articles of Organization of LLC

Daytime Phone: 850-980-3026

Return Address:

5052 Laurel Oak Dr.

Riviera Beach, FL 33410

COVER LETTER

TO:

TO: Registration So Division of Cor			
Top Notch	IT Services LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Latarus Thomas		
		Name of Person	
	Top Notch IT Services LL	C	
		Firm/Company	1.2.44.
	5052 Laurel Oak Dr.		
		Address	
	Riviera Beach, FL 33410		
		City/State and Zip Code	
	Support@topnotchkonnect.		· · · · · · · · · · · · · · · · · · ·
For further information o	e-mail address: (to be used for future annual report not all:	ancadon)
Latarus Thomas		850 980-3026 at ()	
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 tadditional copy is enclosed)
Mailing Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 632	27	The Centre of	
Tallahassee,	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Notch IT Services LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Company Florida document number L19000046447	were filed on <u>02/15/19</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Top Notch Konnect LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		S.E. 202
		3 3 T
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our record	s, enter the name of the new registere
New Registered Office Address.	Enter Florida stre	cet address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my di provided for in Chapte	utics, and I am familiar with and er 605, F.S. Or, if this document is
If Cha	nging Registered Agent, Si	gnature 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			⊡Remove
			Change
		·	
			□Remove
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iffactive data if ather than	I the date of fill e must be specific a	ing: and cannot be prior	r to date of filing or mor	option (option) re than 90 days after for requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
Effective date, if other than fan effective date is listed, the date inserted in the date inserted in the document's effective date on the date inserted in the date on the date on the date of the da				1	
Note: If the date inserted in t	he Department o	of State's records			
Note: If the date inserted in the document's effective date on the record specifies a delayed of d is filed.	he Department o	of State's records	ime, at 12:01 a.m. or		
Note: If the date inserted in the document's effective date on the record specifies a delayed of d is filed.	he Department o	of State's records	ime, at 12:01 a.m. or		
Note: If the date inserted in the document's effective date on the record specifies a delayed of d is filed.	he Department o	of State's records	ime, at 12:01 a.m. or	n the earlier of: (b)	

Filing Fee: \$25.00