No. 3421 P.

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.

(((H19000142490 3)))



H 90001424903ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser	from this	page.
Doing so will generate another cover sheet.	52.	ر د ع

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : US TAX CONSULTING INC

Account Number : I20160000060

: (407)674-8969

Fax Number

: (407)674-8970

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

Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP NOCTH LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help D SCOTT

MAY 7 2019

P

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF TOP NOCTH LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 03/22/2019 and assigned Florida document number.

Florida document number: L19000080318.

Article I

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

TOP NOTCH TREATS LLC

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

Article II

Enter new p	principal offices	address, if a	pplicable:	
(Principal o	ffice address MU	ST BE A ST	REET ADDRE	SS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

Article IV

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:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent's Signature, if changing 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

Title

Name

Address

Type of Action

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

D. Effective date, if other than the date of filing: (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

DATED:

Signature of a member or authorized representative of a member

SERGIO SA

Typed or printed name of signce