

L19000101489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

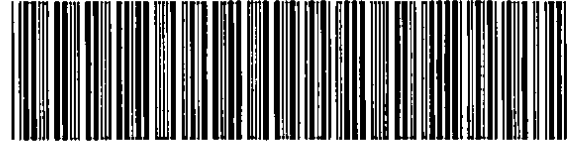
(Business Entity Name)

(Document Number)

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13 MAY 28 PM 4:31
C. McNair

MAY 30 2019
C McNair

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Top Design LLC
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:

Jose Coss

Name of Person

Coss Bookkeeping

Firm/Company

2480 E Commercial Blvd. Suite #3

Address

Fort Lauderdale FL 33308

City/State and Zip Code

Jose @ Cossbookkeeping.com

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

For further information concerning this matter, please call:

Jose Coss

Name of Person

at 954 816-5105

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
(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

2019 JUN 20 PM 3:53

2019 JUN 20 PM 3:53

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Top Design 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 Broward and assigned
Florida document number L19000101489

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Jose Cass
2480 E Commercial Blvd #3
Fort Lauderdale FL 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Enter Florida street address

City, Florida 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>	<u>Type of Action</u>
MGR	Jose Jose	2480 E Commerical Blvd.	Suite #3 <input type="checkbox"/> Add
		Fort Lauderdale FL 33308	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jose Cass	2480 E Commerical Blvd	Suite #3 <input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33308	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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