

L19 000 126 895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

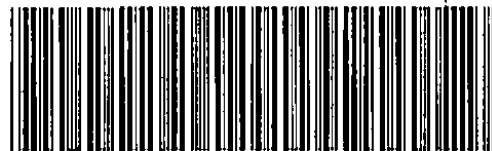
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



50033496105

09/27/19--01013--003 \*

2019

Amend

OCT 1 2 2019

ALBRITTON

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIP TOP MARKETING 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:

LOVETTE DOBSON

Name of Person

INCFILE.COM LLC

Firm/Company

17350 STATE HWY 249 STE 220

Address

HOUSTON, TX 77064

City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

855

829-9090

at ( )

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

☐ \$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

**TO  
ARTICLES OF ORGANIZATION  
OF**

TIP TOP MARKETING 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 05/09/2019 and  
Florida document number L19000126895.

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

**Enter new principal offices address, if applicable:**

**(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 office address on our records, enter the name  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida  
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:**

or removed from our records.

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u>          | <u>Typ</u>                          |
|--------------|-------------|-------------------------|-------------------------------------|
| AMBR         | SELAH WOOD  | 902 ASBURY WAY          | <input type="checkbox"/>            |
|              |             | BOYNTON BEACH, FL 33426 | <input type="checkbox"/>            |
|              |             |                         | <input checked="" type="checkbox"/> |
| AMBR         | TYLER WOOD  | 902 ASBURY WAY          | <input checked="" type="checkbox"/> |
|              |             | BOYNTON BEACH, FL 33426 | <input type="checkbox"/>            |
|              |             |                         | <input type="checkbox"/>            |
|              |             |                         | <input type="checkbox"/>            |
|              |             |                         | <input type="checkbox"/> R          |
|              |             |                         | <input type="checkbox"/> Cl         |
|              |             |                         | <input type="checkbox"/> Ac         |
|              |             |                         | <input type="checkbox"/> Re         |
|              |             |                         | <input type="checkbox"/> Ch         |
|              |             |                         | <input type="checkbox"/> Ac         |
|              |             |                         | <input type="checkbox"/> Re         |
|              |             |                         | <input type="checkbox"/> Ch         |
|              |             |                         | <input type="checkbox"/> Ac         |
|              |             |                         | <input type="checkbox"/> Re         |
|              |             |                         | <input type="checkbox"/> Ch         |

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated SEPTEMBER 17 2019

Selah Wood

Signature of a member or authorized representative of a member

SELAH WOOD - AMBR

Typed or printed name of signee