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C. WCHAIK

COVER LETTER

Division of Corp	tion orations			
SUBJECT: TOP	Notch Tray	ns + Performers	LLC BANGE STORY	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	(v.).	1
Please return all correspond	dence concerning this matter	to the following:	ري ري	
	Larriss	Name of Person		
	INTPLL	C		
		Firm/Company		
	4735 29	AVENUE Address		
	Vero Be	each FL 3296	7	
	LVH on E-mail address: (City/Stale and Zip Code 10 Spell @ m 2 d to be used for future annual report notific	ation)	
For further information con	cerning this matter, please c	all:		
Larrissa Name of P	Thomas	at (772) 494-	9156	
Name of F	Crson	Area Code Daytime	Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 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 Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 3	orations lahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8

Top Notch	bility Company as it no	Performers wappears on our records.)	LICA
The Articles of Organization for this Limited Liability Florida document number 41900153502	y Company were file	1	and assigned
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	imited liability com	pany here:	
The new name must be distinguishable and contain the words "I. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADdress)		ny," the designation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address o	n our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:		inter Florida street address	
	City	Florida _	Zip Code
	- 1,		гар саше

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 Title Name Address Type of Action 1297 11th Terrace SW DAdd
Vero Beach, FL 32962 Kemove Brittney Palmer _____ □Change arrissa Thomas ____ □Change ______ 🗆 🗆 🗆 Add _____ □ Add _____ __ ___ __ □Remove _____ Change _____ □ Remove

_____ □Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ei Note:	tive date, if other than the date of filing:
he re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	Larriss. V. Thomas
	Signature of a member or authorized representative of a member
	Larrissa V. I homas

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