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FILED 2020 DEC 21 PH 2: 18

1/2/21

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOPTLC HOLDINGS, 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:
Terri Cosgrove Name of Person
TOPTLC HOLDINGS, LLC Firm/Company
17744 Deer 15/4 Cir. Address
City/State and Zip Code +1COS Grove 310 yaho. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Reson at (407) 873-6887 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
C2 \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Florida document number	pany were filed on 6/13/2019 and assig	zned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the abbrevation "L.L.	.C."
Enter new principal offices address, if applicable:	0	
(Principal office address MUST BE A STREET ADDRES		
	<u></u>	
	* * 0	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Mice address on our records, enter the name of the new	<u>regis</u>
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 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
<u>AMB</u> R	Timothy J. Cosgrade III	- 17744 Deer Isle Cir Winter Garden, FL 34787	DAdd
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	listed, the date mu	ist be specific and block does not m	eet the applicabl	2020 date of filing or more e statutory filing re	(optio than 90 days after quirements, this	filing.) Purs	uant to 60 not be lis	95.020 sted as
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