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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: TOPO	ia Morketing i	Nearly & Softwar ited Liability Company	<u> </u>	
•	Naméert Lini	ited Liability Company		
The enclosed Articles of .	Amendment and feets) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Fo limo	Palma Name of Person		
	Inrova Marke	thing medica & Sy	tworp LLC.	
	1340 Rineton	High opt 253;		
		710000		
	pooluoc	FL 3277 City/State and Zip Code		
		City/State and Zip Code	,	
	tolimary palmara	Grad COM To be used for future annual report noti		
	E-mail address: (to be used for future annual report noti	fication)	
For further information co	oncerning this matter, please co	æll;		
Follmory +	dima	at (<u>396</u>) <u>29070</u> Area Code <u>Daytim</u>	9()	
Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for th	e following amount:			
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)	
Mailing Address Registration S Division of C	section orporations	Street Address: Registration Se Division of Cor	porations	
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on OF 29/2019 and assigned Florida document number U9000192 436

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."

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

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 of the new registered

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:

Lorlos tome

New Registered Office Address:

1940 NE 182 nd Street

Enter Florida street address

North Miam

. Florida

22107

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>	Name	Address	Type of Action
MGR	Eolimary Polma	1340 Rinehart Pd 258, Soniford FL 32771	🗆 Add
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). If ame	nding any other information, enter change(s) here: v4ttach additional sheets, it necessary.)
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the record cord is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated_	1101 1 21 300 7.3
	$\mathcal{F}_{i}(\mathcal{D})$
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00