

7/27/2021

**L1900019942**

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000285288 3)))



H210002852883ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I200000000082  
Phone : (305)871-0889  
Fax Number : (305)870-9623

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TOP TRUCK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

RECEIVED  
2021 JUL 27 PM 12:18  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED  
2021 JUL 27 PM 12:48  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOP TRUCK 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:

YANELLE M BARINAS

\_\_\_\_\_  
Name of Person

BARINAS & ASSOCIATES, INC.

\_\_\_\_\_  
Firm/Company

5701 NW 36 ST

\_\_\_\_\_  
Address

VIRGINIA GARDENS, FL 33166

\_\_\_\_\_  
City/State and Zip Code

BARINASB@GMAIL.COM

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

For further information concerning this matter, please call:

YANELLE M BARINAS

at ( 305 ) 871-0889

\_\_\_\_\_  
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

DocuSign Envelope ID: 4D63887A-2049-4C56-A89D-ED4AB03F29E5

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP TRUCK, 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 08/05/2019 and assigned  
Florida document number L19000199425

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)

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:

BESTEL JORGE

New Registered Office Address:

8301 SW 142ND AVE A109

*Enter Florida street address*

MIAMI


*City*

Florida 33183

*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

DocuSign Envelope ID: 4D63887A-2049-4C56-AB9D-ED4AB03F29E5

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	BESTEL JORGE	8301 SW 142ND AVE A109	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JACK JAVIER	8301 SW 142ND AVE A109	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BELLO RICARDO	8301 SW 142ND AVE A109	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33183	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SANDRA MENDOZA	8301 SW 142ND AVE A109	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AUGUSTO J BESTEL	8301 SW 142ND AVE A109	<input type="checkbox"/> Add
		MIAMI, FL 33183	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	AUGUSTO J BESTEL		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

DocuSign Envelope ID: 4D63887A-2049-4C56-AB9D-ED4AB03F29E5

DocuSign Envelope ID: 4D63887A-2049-4C56-AB9D-ED4AB03F29E5  
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

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 605.0207 (3)(b) this date will not be listed as the

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

7/16/2021

Dated \_\_\_\_\_

Signature of a member or authorized representative of a member

BESTEL JORGE

Typed or printed name of signee

Page 3 of 3

**Filing Fee: \$25.00**