## L19000201837

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	e)
(Do	cument Number)	
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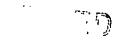
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## **COVER LETTER**

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	P NOTCE	I PRODUCTIONS OF SWF	L, LLC	<b>₹</b>
SUBJECT:		Name of Lim	ited Liability Company	<del></del> ,
The enclosed Art	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all o	correspond	dence concerning this matter	to the following:	
		JOSIE NOEL		
			Name of Person	
		TOP NOTCH PRODUCT	IONS OF SWFL, LLC	
			Firm/Company	
		1160 SANTORINI PLAC	E	
			Address	
		NAPLES, FL 34113		
			City/State and Zip Code	
		m.josiepaul@gmail.com		
		E-mail address: (	to be used for future annual report not	ification)
For further inform	nation cor	cerning this matter, please ca	all:	
JOSIE NOEL			239 784-4085	
	Name of I	Person	Area Code Daytin	ne Telephone Number
Enclosed is a che	ck for the	following amount:		
■ \$25.00 Filing	g 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
	Address: ration Se	ction	<u>Street Address:</u> Registration Sc	ection
Divisio	on of Co	rporations	Division of Co	rporations
	ox 6327	22214	The Centre of	
i allaha	assee, FL	. 32514	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 F50 24 AHII: 22

TOP NOTCH	PRODUCTIONS OF SWFL.	HC
101 101011	INCOCCIONO OF SHIE,	

(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 Florida document number £19000201837	were filed on 8/13/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
TOP NOTCH ENTERTAINMENT CENTER, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3845 BECK BLVD, UNIT 829	
(Principal office address MUST BE A STREET ADDRESS)	NAPLES, FL 34114	
Enter new mailing address, if applicable:	1160 SANTORINI PLACE	
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 34113	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	ame of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address: 1160 SANTOR		
	Enter Florida street address	
NAPLES	Florida	34113 Zip Code
Name Basicana di Assaulti Cissi di Stati di Basica di Assaulti Cissi di Stati di Basica di Assaulti Cissi di Ci	•	Zip Code
New Registered Agent's Signature, if changing Registered Agents  I hereby accept the appointment as registered agent and agr  provisions of all statutes relative to the proper and complete  accept the obligations of my position as registered agent as	- see to act in this capacity. I further is performance of my duties, and I as	m familiar with and Or, if this document is

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 A	Member

Title	Name	Address	Type of Action
			□ Add
		<del></del>	Remove
		<del>.</del>	□ Change
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:  2/15/2020  (optional)  fective 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 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of seffective date on the Department of State's records.
f the record is fi	rd 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 led.
Dated	FEBRUARY 15TH 2020
	Signature of a member or authorized representative of a member
	M. JOSIE NOEL
	Typed or printed name of signee

Filing Fee: \$25.00