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Office Use Only



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COVER LETTER

Division of Corporations		•
SUBJECT: TOP IN V-CS-	HMOH GROUP of Limited Liability Company	LLC
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Stev	Name of Person	
TOP inv	restment Group L	LC
	Address	
<u>Kissimm</u>	City/State and Zip Code	
	estmentara Paya ress: (to be used for lindre annual report notif	anco.com
For further information concerning this matter, ple	ease call;	
Steven 210 Name of Person	at (<u>321</u>) <u>440-</u> Area Code Daytime	8479 Telephone Number
Enclosed is a check for the following amount:		
\$30.00 Filing Fee		S60.00 Filing Fee, Certificate of Status & Certified Copy raddmonal copy is enclosed)
Mailing Address:	Street Address:	

TO:

Registration Section

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

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

_ TOP investment Gr	DUIP LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1/21/2620	were filed on $\frac{1}{21}$ 202.0	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		20
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		子 子 5 5
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 nar	ne of the new registered
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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Steven Rijo	LOI Hacienda cir	XAdd
		Kissimmer F134741	□Remove
			□Change
			□Remove
			□Change
			🗆 Add
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ote:	ve date, if other than the date of filing:
ecord is file	I 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.
ted _	March 21 . 2020 .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00