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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(=====,
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	TOPSELLI	ER LLC		
SOBJE	CI	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		IRINA ARKHIPKINA		
			Name of Person	
			Firm/Company	r filing. lowing: me of Person m/Company PT. E Address tte and Zip Code for future annual report notification) 786 216-53-09 (Area Code Daytime Telephone Number 5.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Street Address:
		9298 BOCA GARDENS F	PKWY APT. E	
			Address	
		BOCA RATON, FL, 3349	6	
			City/State and Zip Code	
		TOPSELLERLLC@GMX.		ANS.
For furtl	her information c	oncerning this matter, please of	•	uion)
	ARKHIPKINA	- ,	786 216-53-09	
	Name o	f Person		elephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Addres		Street Address: Registration Section	on

Mailing Address:
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

TOPSELLER LLC		
(Name of the Lim	ited Liability Company as it now appears on our record (A Florida Limited Liability Company)	is.)
	iability Company were filed on 02/17/2020	and assigned
lorida document number L20000053127	·	
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name o	of the limited liability company here:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	2020
Principal office address MUST BE A STREE		
		23
		H D
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		0
		_
. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our records, <u>enter</u> ess here:	the name of the new registe
Name of New Registered Agent:	ERIN HOLLING	
New Registered Office Address:		
	Enter Florida street addres	5.5
	*	orida
	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, 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
AMBR	IVAN HOLLING	9298 BOCA GARDENS PKWY APT. E	≣Add
		BOCA RATON, FL, 33496	□Remove
			□Change
AMBR	ERIN HOLLING	9298 BOCA GARDENS PKWY APT. E	
		BOCA RATON, FL, 33496	□Remove
MGR	IRINA ARKHIPKINA	9298 BOCA GARDENS PKWY APT. E	□Change 20 □Add?
		BOCA RATON, FL, 33496	23 Removen
MGR	IVAN ARKHIPKIN	9298 BOCA GARDENS PKWY APT. E	□Add
		BOCA RATON, FL, 33496	■Remove
	·		□ Change
			□Add
			□Remove
			□Change
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			□(Change

			
			
			
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			20
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ective date, if other than the d effective date is listed, the date must be: If the date inserted in this block- nument's effective date on the Dep	be specific and cannot be prior to de ck does not meet the applicable	ate of filing or more than 90 day	(optional) vs after filing.) Pursuant to 605.020 its, this date will not be listed a
cord specifies a delayed effective s filed.	date, but not an effective time,	at 12:01 a.m. on the earlier	of: (b) The 90th day after the
cd	2020	1	
	ignature of a member or authorize	defendentative of a member	
<u> </u>			

Filing Fee: \$25.00