# 1200000 63765

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700350381017

09/11/20--01010--010 \*\*25.00



OCT 21 7070 S. YOUNG

#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Top Driority Property Preservation 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:
Arletha Rena Scott Name of Person
Top Priority Property Preservation LC
1820 Tangerine Aug Address
Safford, Fl 32771 City/State and Zip Code
info @ Top Drior 141 Droper Lypreservation. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Safford   FI   33 771

### Mailing Address:

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

### Street Address:

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 Priority Property Pre	eservation LLC	
' ( <u>Name of the Limited Liabifity Comp</u> (∧ Florida Limited	any as it now appears on our record Liability Company)	(s.) 787 LA
The Articles of Organization for this Limited Liability Company	y were filed on <u>02/26/</u>	2020 and assigned
Florida document number <u>L2000063765</u> .		
This amendment is submitted to amend the following:		STORY BE U
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 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 agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	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
meß	Arletha Scott	1820 Tangerine Lue	KAdd
		Sonford Fl 32771	□ Remove
			□Change
AMBR	Zachary Hillery	5105 myrtlewood Dr.	□Add
		Sunford, F1 32771	□Remove
			□Change
	<u> </u>		🗀 Add
			□Remove
			□Change
			□Add
		<del></del> -	□Remove
		<del></del>	□Change
			□Add
			□Remove
			DChange
			□Add
			□Remove

							<del></del>
<del>.</del>					·		
				<del></del>			<del></del>
		·					
<u>_</u>			<del>-</del> ·	<u>.</u>		<del></del>	·
		<u> </u>		<u> </u>			
	<u></u>			·			<del></del>
							<del></del>
	·						
	<del></del>			<u> </u>			<del></del>
	<del></del>	<del>-</del>	<del> </del>	. <u> </u>			
te: If the d	e, if other than te is listed, the date ate inserted in thi fective date on th	is block does not	meet the applu	cable statutory f	or more than 90 diling requireme	_ <b>(optional)</b> ays after filing.) Pents, this date wi	ursuant to 605.0207 If not be listed as
cord specif s filed.	ies a delayed effe	ective date, but no	ot an effective t	ime, at 12:01 a.	m. on the earli	er of: (b) The 9	0th day after the
	alla	Signature of a	a member or auth	orized representa	tive of a member		
		Hrletha	7 Scott	ed name of signe			