L20000133594

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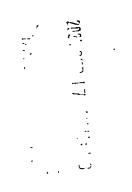
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COVER LETTER

TO:

Registration Section

Division of Corporations CO-OP PROTECTION SERVICES, LLC SUBJECT: 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: SHANELLE REDDEN Name of Person Firm/Company 720 RIVIERA DR NE Address PALM BAY, FL 32905 City/State and Zip Code TOPTIER1STOP@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHANELLE REDDEN Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, **■** \$30.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed Street Address: Mailing Address: **Registration Section** Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000133594</u> .	were filed on $\frac{05/18/2020}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
TOP TIER ISTOP, LLC	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	720 RIVIERA DR NE
Principal office address MUST BE A STREET ADDRESS)	PALM BAY, FL 32905
Enter new mailing address, if applicable:	720 RIVIERA DR NE
Mailing address MAY BE A POST OFFICE BOX)	PALM BAY, Fl. 32905
3. If amending the registered agent and/or registered office a seent and/or the new registered office address here:	nddress on our records, <u>enter the name of the new regist</u>
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:	•

CO OD DDOTECTION CEDUICES 11C

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
			□Remove
			□Change
			□Remove
			□ Change
			□Add
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