

L20 000 191555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

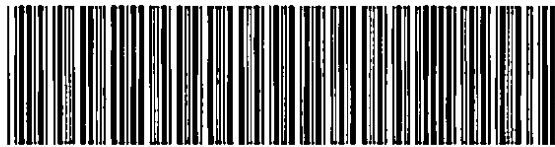
(Document Number)

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CLERK OF COURT  
TALLAHASSEE, FL

O SIMMONS

FEB 11 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021-57 - JAN 21 2021

January 13, 2021

CARISSA SCRITCHFIELD  
3033 SW 10TH PL  
CAPE CORAL, FL 33914

SUBJECT: TOP NOTCH GROCERY DELIVERY LLC  
Ref. Number: L20000191555

We have received your document for TOP NOTCH GROCERY DELIVERY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000043217.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons  
Regulatory Specialist II Supervisor

Letter Number: 721A00000809

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TOP NOTCH GROCERY DELIVERY 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:

CARISSA SCRITCHFIELD

Name of Person

TOP NOTCH GROCERY DELIVERY

Firm/Company

3033 SW 10TH PL

Address

CAPE CORAL FL 33914

City/State and Zip Code

CONTACTME.TOPNOTCH@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARISSA SCRITCHFIELD      315      8785147  
Name of Person      at (      )      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**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**

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2021 FEB -8 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FL

TOP NOTCH GROCERY DELIVERY LLC

(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 were filed on 07/06/2020 and assigned  
Florida document number L20000191555.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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

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SEAL OF THE STATE  
TREASURER

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PARTNER	JOE CLIME	3033 SW 10TH PL CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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SECRETARY OF STATE  
TALLAHASSEE, FL

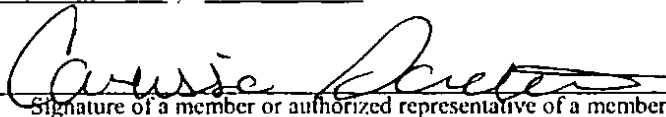
Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 02-02-21, \_\_\_\_\_

  
Signature of a member or authorized representative of a member

Carissa Scritchfield  
Typed or printed name of signee