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DEC 0 4 2028 S. YOUNG

COVER LETTER

Divis	sion of Cor	porations	•		
SUBJECT:	TOPSHELFBUY, LLC Name of Limited Liability Company				
SUBJECT					
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Karolina Stanley			
			Name of Person	.	
			Firm/Company		
	9108 Capistrano St. S. #7405				
	Naples, FL 34113 City/State and Zip Code				
		Lifestouch20@gmail.com		···	
For further in	formation c	n-mail address: (to be used for future annual report not all:	incation)	
Karolina Star			512 994-5569		
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ing Addres		<u>Street Address:</u> Registration So	ection	

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

TO:

Registration Section

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

TOPSHELFBUY.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 _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Top-Shelf Buy, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 City

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>	Name	Address	Type of Action
AMBR	Karolina Stanley	9108 Capistrano St. S. #7405, Naples, FL 34113	\[\textsquare Add
			🗆 Remove
			BChange
MGR	George Stanley	9108 Capistrano St. S. #7405, Naples, FL 34113	□ Add
			Remove
			Change
			□Add
			□Remove
			□Change
	 		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

It amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
	<u> </u>
	
Castiva dut	te, if other than the date of filing: (optional)
an effective da lote: If the d	ate 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 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ffective date on the Department of State's records.
record specin Lis filed.	fics a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	10CT 2020
	Sterna Atta less
_	Signature of a member or authorized representative of a member GEORGE S. STANLEY TR. Typed or printed name of signee
	GEDRLE C CTABLETTO
	Typed or printed name of signee

Filing Fee: \$25.00