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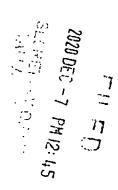
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| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| TO: Registration Division of C | orporations | | |
|--------------------------------|--|---|--|
| SUBJECT: | TOP Choice | Capital IIC | , |
| | Name of Lir | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corres | spondence concerning this matter | r to the following: | |
| | Natan | Borochev Name of Person | |
| | | oice Capital 110 | |
| | | | |
| | _5255 (| Ollins Avenue | APT 3D |
| | Miami, | Florisa 331 City/State and Zip Code | 40 |
| | | City/State and Zip Code 16 + e @ Grugil. Cod (to be used for future annual report | |
| For further information | n concerning this matter, please of | | nouncation) |
| Na+an Nam | Borochov e of Person | at (<u>516</u>) 78 Area Code Day | 4 - 7836 ytime Telephone Number |
| Enclosed is a check fo | r the following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Fiting Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Add | | Street 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**

| · · · · · · · · · · · · · · · · · · · | Capital | 11 C | | | | |
|--|--|-------------------------------|-----------------------|--------------|------------|----------|
| (Name of the Limited Li- (A F) | a <mark>bility Čompany as i</mark> orida Limited Liabilit | t now appears o y Company) | n our records.) | | | |
| The Articles of Organization for this Limited Liabili Florida document number <u>L 2 000</u> 2 43 7 | ty Company were | filed on <u>&</u> | /11/2020 | a | nd assig | ned |
| This amendment is submitted to amend the following | g: | | | | | |
| A. If amending name, enter the new name of the | limited liability c | ompany here | : | | | |
| The new name must be distinguishable and contain the words | Limited Liability Co | mpany," the desig | gnation "LLC" or th | ne abbreviat | ion "L.L.(| - · · |
| Enter new principal offices address, if applicable: | : <u> </u> | | | | <u> </u> | |
| (Principal office address MUST BE A STREET AI | ODRESS) | | | | _ | |
| Enter new mailing address, if applicable: | | | | SEOD TAL | 2020 0 | |
| (Mailing address MAY BE A POST OFFICE BOX | 2 | | | | EC - 7 | 7 |
| B. If amending the registered agent and/or regist | | ss on our reco | ords, enter the r | name of the | ne gew i | egistere |
| agent and/or the new registered office address he | <u>re</u> : | | | : | 45 | |
| Name of New Registered Agent: | | n Bor | | | | |
| New Registered Office Address: | 5255 | COllins Enter Florida | Avenue street address | APt | 30 | |
| _ | Miani | | | 33 | 140 | |
| New Registered Agent's Signature, if changing Regis | | ity - | | Zip | Code | |

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> | <u>Address</u> | Type of Action |
|--------------|----------------|---------------------|-------------------|
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| in effe | ctive date is listed. | the date must be specific | and cannot | be prior to date of fili | ng or more than 90 | days after fil | ial) ling.) Pursuant to 605.020 |
| | | te on the Department | | | ry ming requirem | ients, this c | late will not be listed a |
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| | | ₫#7 | Thort | | | | |
| | | Signature o | f a member | or authorized repres | entative of a memb | er | |
| | | | | | | | |

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Filing Fee: \$25.00