120000349143

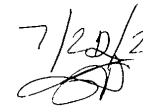
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)*
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800368843618

D 28 81-01081-001 +487.80





COVER LETTER

Division of Co	rporations					
TOP LINE	TOP LINE TINT AND WRAPS LLC					
SUBJECT;	Name of Lin	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
	Nazareno Lianza					
		Name of Person				
	TOP LINE TINT AND W	RAPS LLC				
		Firm/Company				
	1020 NE Pine Island Road	#303				
		Address				
	Cape Coral, Florida 33909	,				
		City/State and Zip Code				
	toplinetints@gmail.com	E. II				
	E-mail address: (to be used for future annual repor	1 notification)			
For further information of	concerning this matter, please c	all:				
Nazareno Lianza		239 900-57.	26			
Name o	of Person		aytime Telephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre	sc.	Street Addre	ze.			

TO:

Registration Section

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

TOP LINE TINT AND WRAPS 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 November 3, 2020 and assigned Florida document number _____1.20000349143 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." 17051 Jean St #5 Enter new principal offices address, if applicable: Fort Myers, FL 33967 (Principal office address MUST BE A STREET ADDRESS) 17051 Jean St #5 Enter new mailing address, if applicable: Fort Myers, FL 33967 (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: زريا Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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
MGR	Michelle Thoen		□Add
			Remove
			Change
MGR	Melissa Thoen		
			■ Remove
			□Change
			□Add
			□ Remove
			□ Remove
			Change
			□Add
			☐ Remove
		 	بې ا Add ا
			□Change

				-	
					
					<u> </u>
		_			
					
					
					
_					
	•		. <u>-</u>		
_					_
_					
n effecti <u>te:</u> If t	date, if other than the over date is listed, the date must he date inserted in this blows affective date on the De	be specific and cannot be p ck does not meet the ap	prior to date of filing o		g.) Pursuant to 605.0207
					FL
cord s _l s filed.	ecifies a delayed effective	date, but not an effective	ve time, at 12:01 a.r	n. on the earlier of: (b) T	he 90th day after the
ed	6/22/2	2 / 2021			
	7				() -1
		Sunature of a mambar or a	notherized timescenter	nu of a member	
		Signature of a member or a	authorized representat	ive of a member	ರು

Filing Fee: \$25.00