L20000386719

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S. ROBERTS MAY 2 5 2023

COVER LETTER

Division of Co			
SUBJECT:	LORD AND	TOPAC LLC ited Liability Company	
	Name of Lin	nited Liability Company	 -
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	O1	Name of Person	
		PA AW TOPAC Firm/Company	11C
		freef South	
	JACKSONVIL Lordano E-mail address:	City/State and Zip Code Lopa C 9 MC (to be used for future annual report noti	32750 11.00M
For further information	concerning this matter, please c		
ON UR Name	of Person	at (<u>964</u>) <u>3/</u> Area Code Daytim	4-04-73 e Telephone Number
Enclosed is a check for	the following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing 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 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

(Name of the Limited Liability Con (A Florida Limit	TOPAC-	LLC son our records)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L200003867</u> 19	ny were filed on	[2] 10 [202] and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the de	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		
		31
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	D
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our re	cords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		Florida
	City	Florida 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 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
MGR	KELLY TOPAC	1308 8th Street, No	
		Jacksonville Beach	□Remove
		FL 32250	□Change
		-	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🖾 Add
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cord spe s filed.	cities a delaye	d effective date,	but not a	n effective	time, at 12	:01 a.m. on	the earlier	of: (b) - Th	ie 90th day at	ter the
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Filing Fee: \$25.00