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2022 SEP -9 Fm 1. 3.

DEC 7 2022 S. PRATHE:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TOP TIEY EXHENSIONS Name of Limited Liability Company	-LC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TIYA WILLIAM Name of Person	Jms
Top Tier Ext	tnsions uc
394 Pund Cypr	ess Ct. Apt 216
L UNG WULD, FL City/State and Zip Code	32750
E-mail address: (to be used for future annual	
For further information concerning this matter, please call:	
Name of Person at (407) Area Code	TCU 4701 Daytime Telephone Number
Enclosed is a check for the following amount:	
✓ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is en	Certificate of Status &
_	ration Section
Division of Corporations Division	on of Corporations

P.O. Box 6327 Tallahassee, FL 32314

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 Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 21000019 to b2</u> This amendment is submitted to amend the following:	were filed on 17 2 and assigned
A. If amending name, enter the new name of the limited liab TOP TOTAL TEXALORS The new name must be distinguishable and contain the words "Limited Liabi	ins LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	394 Pond Cypress Ct. Apt 216 Logword, FL 32750
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	394 Pond cypitos Ct. Apt 216 Longwood, FL 32750
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 11 4 7 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Pard Cypress Ct. Apt 216 Enter Florida Arbei address AGINDUIC . Florida 32750 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
			□Add
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			bbA□
			□Remove
			□Change
			□Add
			□ Remove
			□Change

fective date, if other than the date of filing: 10		
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