

K2100000 47882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

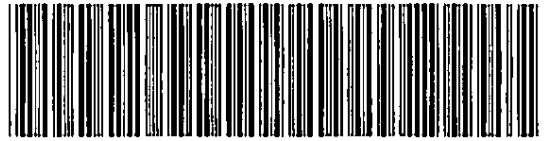
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Handwritten signatures]*

Office Use Only



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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Top Tier Contracting, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wendy Rose  
Name of Person

Top Tier Contracting, LLC  
Firm/Company

198 Howard Ave  
Address

New Smyrna Beach, FL 32168  
City/State and Zip Code

toptiercontracting4@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wendy Rose at (386) 631-1417  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Top Tier Contracting, 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 \_\_\_\_\_ and assigned  
Florida document number \_\_\_\_\_.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Top Tier Contracting, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

198 Howard Ave.  
New Smyrna Beach, FL  
32168

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

198 Howard Ave  
New Smyrna Beach, FL  
32168

**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:

Wendy A. Rose

New Registered Office Address:

198 Howard Ave

Enter Florida street address

New Smyrna Beach Florida 32168

City

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.*

Wendy A. Rose  
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>	<u>Type of Action</u>
MGR	Wendy Rose	198 Howard Ave	<input type="checkbox"/> Add
		New Smyrna Beach	<input type="checkbox"/> Remove
		FL, 32168	<input type="checkbox"/> Change
MGR	Krista Barnby	32 Twin River Dr.	<input type="checkbox"/> Add
		Ormond Beach, FL	<input type="checkbox"/> Remove
		32174	<input type="checkbox"/> Change
Ambr	Charles Hays	32 Twin River Dr.	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL	<input type="checkbox"/> Remove
		32174	<input type="checkbox"/> Change
Ambr	Kevin Rose	198 Howard Ave	<input checked="" type="checkbox"/> Add
		New Smyrna Beach, FL	<input type="checkbox"/> Remove
		32168	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective date 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)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_,

Wendy A. Rose  
Signature of a member or authorized representative of a member

Wendy A. Rose  
Typed or printed name of signee

**Filing Fee: \$25.00**