Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000409693)))



H240000409693ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 : (323)962-8600 : (323)369-0502 Phone Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Addross:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DEANNA FLORIDA HOMES LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY

FEB - 1 2024

From: Rajiv Srivasta

COVER LETTER

SUBJEC	DEANNA	A FLORIDA HOMES LLC		
C DATE		Name of Lin	ited Liability Company	
		, .	•	
		Cheyenne Moseley		
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following:			
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	***************************************
		Glendale, CA 91203		
			ok.com	
Don Greek	im firma.i		·	icution)
ror made	er miormation c	concerning this matter, please of	ali;	
Cheyenn	e Moscley		800 773-0888	
Name of Person		f Person	Area Code Daytime	· l'elephone Number
Enclosed	is a check for the	he following amount:		
□ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

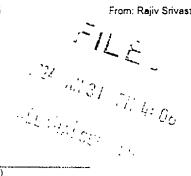
Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



DEANNA FLORIDA HOMES LLC

(Name of the Limited Lin (A Flo	bility Company as it now appears on our recor orda Limited Liability Company)	<u>(ds.</u>)
The Articles of Organization for this Limited Liabilit	y Company were filed on 02/05/2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the l	imited liability company here:	
Top Tier Design LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	TO B COUCH	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our record	is, enter the name of the
Name of New Registered Agent:		····
New Registered Office Address:		
	Enter Florida street oddre	55
	, FI	loridaZip Code
	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.

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change -
			D Add)
			☐ Remove
			☐ Change
	W- d-1		
		and the specific of the specif	☐ Remove
		***	□ Change
			□ Add
			☐ Remove
			[] Change
			D Add
			□ Remove
		The states and the second states are second stat	□ Change
			Add
			☐ Remove
			☐ Change

-			78478			•••	
-	···						
	· · · · · · · · · · · · · · · · · · ·			-·			
-				····	······································		<u> </u>
_	1177701 1	·					<u> </u>
						·	ري ا
•-						·	
-							
_				·····			· ·
							ζ.
_							
_							
_							
						••	
-		· · · · · · · · · · · · · · · · · · ·					
_							
	***************************************					·	
							
ivote.	re date, if other than the ctive date is listed, the date mu f the date inserted in this b nt's effective date on the L	tock does not me	ze ine applicaci	date of filing or m le statutory filin	(op) one than 90 days aft g requirements, th	tional) er filing.) Pursuant nis date will not l	to 605,0207 be listed as
ie reci The	ord specifies a delaye 90th day after the rec	d effective da cord is filed.	ite, but not a	an effective t	ime, at 12:01	a.m. on the	earlier of
Dated _	1/10/2024	······································					
		7					
	٠						
		शिक्रमताहि भी बताह	inher or cethoric	ed representative	of a mergher		

Page 3 of 3

Filing Fee: \$25.00