8/18/2021 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : EPGD ATTORNEYS AT LAW, P.A.

Account Number : 120140000049 Phone : (786)837-6787 Fax Number : (305)718-0687

 $\mathcal{N}^{**Enter}$  the email address for this business entity to be used for future ...annual report mailings. Enter only one email address please.\*\*

aviv @ EPGDlaw.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP LEGACY CONTRACTORS LLC

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## **COVER LETTER**

TO: Registration Se Division of Cor	porations	·	: • • • • • • • • • • • • • • • • • • •	. •
SUBJECT:	Top Legac Name of Lim	y Contractor	s Llice	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Aviv	A Soulin		
	IP6	D Attorneys a	rt Law, P.A.	
	777 SW	37th Ave. Sui	te 510	2021 AUG
	Miami	FL 33135 City/State and Zip Code	>	
	E-mail address: (	City/State and Zip Code  EPGD law.c  to be used for future annual report notif	COM (cation)	0 : H W 8
For further information c	oncerning this matter, please c	all:	<u></u>	.0
Aviv	Asoulin	at (796) 837	7-6787	7
Name o	f Person	Area Code Daytime	c Tolophone Number	
Enclosed is a check for the	he 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 Stat Certified Copy (additional copy is en	tus &

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 L	Edacy Contractors 2LC  Liability Company as it now some are on our records.)  Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	pility Company were filed on April 6, 2021 and assigned
This amendment is submitted to amend the follow	ring:
ter new mailing address, if applicable:  alling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new registered	
Enter new principal offices address, if applicab	ole:
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	OX)
B. If amending the registered agent and/or reg agent and/or the new registered office address l	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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	Pablo C. Correa	10490 Eastpark Loke	<u> </u>
		10490 Eastpark Lake	DRemove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			DAdd
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Filing Fee: \$25.00