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COVER LETTER

	Registration of	on Section Corporations		
CILID III		orida Homes LLC	•	
SUBJEC	JI:	Name of Li	mited Liability Company	•
The encl	osed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please re	eturn all corr	respondence concerning this matte	r to the following:	
		Philip Kolbrich		
			Name of Person	
		Top Florida Homes LLC		
			Firm/Company	
		12950 Tanja King Blvd		
			Address	
		Orlando FL 32828		
			City/State and Zip Code	
		pkbmwm5@hotmail.com	(to be used for future annual report not	(Gortion)
For furth	er informati	ion concerning this matter, please		meanon)
			321 287-3913	
Philip Kolbrich		ame of Person	at ()	ne Telephone Number
	Na	ane of Person	Area Code 12dyth	ne retephone sumoer
Enclosed	l is a check	for the following amount:		
■ \$25.	00 Filing Fe	ee S30.00 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)
	Division of P.O. Box	on Section of Corporations	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Top Florida Homes LLC

company has been notified in writing of this change.

2822 MAY 16 AM 9: 04

(Name of the Limited Liability Company as it now appears on our records XE JARY OF STATE

(A Florida Limited Liability Company)

TALLARA CONSTRUCTOR TALLAHASSEE. FL The Articles of Organization for this Limited Liability Company were filed on 4/8/2021 _____ and assigned Florida document number L21000163929 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _, Florida ____ City 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

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>	Address	Type of Action
AMBR	Gisele Kolbrich	14102 Chicora Crossing Blvd Orlando Fl. 32828	= Add
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Typed or printed name of signee