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PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of	Status
		
Special Instructions to	o Filing Officer:	1
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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	T: TOP DOG AUTOS & METAIS RÉCYCLING LLC Name of Limited Liability Company	
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning this matter to the following:	
	Daguan Anderson Name of Person	
	TOP DOG AUTOS & METAIS RECYCLING LLC Firm/Company	
	2016/ Bay Coder ave	
	TAMPA FL 33647 City/State and Zip Code	
	Top Doc Towing Tampa @ gmail. Com E-mail address: (to be sed for future annual report notification)	
For furthe	er information concerning this matter, please call:	
DaQ	Name of Person at (813) 323 - 8035 Area Code Daytinic Telephone Number	
Enclosed	is a check for the following amount:	
□ \$ 25.0	O Filing Fee S S30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed)	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company	were filed on 5/24/2021 and assigned	
Florida document number L21000240676		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4850 East Busch Blvd Suite	2
(Principal office address MUST BE A STREET ADDRESS)	TAMPA F1 33617	
Enter new mailing address, if applicable:	20161 Bay Cedar ave	
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA F1 33647	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>	ļ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida City Zw 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>	21 JUN -4 PM 2: 40	Type of Action
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offective date is li <u>e:</u> If the date in	serted in this block do	cific and cannot be prior	to date of filing or more than able statutory filing requi	(optional) 190 days after filing.) Pursuar rements, this date will not	nt to 605.0207 (3) be listed as the
ord specifies a c	lelayed effective date.	but not an effective til	me, at 12:01 a.m. on the	earlier of: (b) The 90th d	lay after the
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