

121000282284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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2021 DEC 13 AM 9:20
TALLAHASSEE, FL
STATE

A. BUTLER

DEC 29 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TopRank Digital Solutions 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:

Filing Angela
Name of Person
ZenBusiness, Inc.
Firm/Company
5511 Parkercrest Drive, Suite 103
Address
Austin, TX 78731
City/State and Zip Code
fulfillment@zenbusiness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Filing Angela 844 493-6249
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

10

2021 DEC 13 AM 9:23

(A Florida Limited Liability Company)

[illegible]

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

5608 Quiet Palm Loop

Saint Cloud, FL

34771

5608 Quiet Palm Loop

Saint Cloud, FL

34771

Name of New Registered Agent: _____

New Registered Office Address:

Enter Florida street address

Florida

Civ.

Zip Code

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jean Paul Ruiz		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5608 Quiet Palm Loop Saint Cloud, FL 34771	<input checked="" type="checkbox"/> Change
AMBR	Lina Maria Santacoloma		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5608 Quiet Palm Loop Saint Cloud, FL 34771	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

15/ Jean Paul Ruiz
Signature of a member or authorized representative of a member

Typed or printed name of signee