## 121000349279

(F	Requestor's Name)	
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## **COVER LETTER**

TO:

TO: Registration Division of	n Section Corporations		
	ent Men Laser Engraving LLC	· · · · · · · · · · · · · · · · · · ·	•
SUBJECT:	Name of Lir	nited Liability Company	<del></del>
The enclosed Articles	s of Amendment and fee(s) are sul	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Attorney Brittney Bush-S	mall	2022 UJL 18
		Name of Person	
	Fears Law PLLC		100 B
		Firm/Company	
	6120 Swiss Ave. #140980		MIN 22
		Address	5m 2
	Dallas, TX 75214		
		City/State and Zip Code	
	brittney@fears.com	(to be used for future annual report notifi	cation)
For further information	on concerning this matter, please of	-	Cauvin
Attorney Brittney Bu	sh-Small	214 214-8800 at ( )	
Nan	ne of Person		Telephone Number
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filing Fee	e 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)
P.O. Box 6	on Section f Corporations	Street Address: Registration Sectorial Division of Corporate Centre of Ta 2415 N. Monroe Tallahassee, FL.	oorations allahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabi (A Florid	lity Company as it now appears on our records. da Limited Liability Company)	)
The Articles of Organization for this Limited Liability (Florida document number 1.21000349279	Company were filed on August 03, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Top Tier Laser Design, LLC		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		7.00
(Principal office address MUST BE A STREET ADD	(RESS)	33 8 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 <u>m</u> 22
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ne name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Monument Men Laser Engraving LLC

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			□Remove
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			□Add
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			Change

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