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## **COVER LETTER**

Divis	sion of Corp	oorations					
erin rezer	TOP DOLL,	AR NOVELTIES LLC		• •			
SUBJECT:	······································	Name of Lim	ited Liability Company				
The enclosed	Name of Limited Liability Company  Ed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Shelly I. Reil  Name of Person  Firm Company  125 Broadway Avenue  Address  Kissimmee F1, 34741  City-State and Zip Code						
Pleuse return :	all correspon	ndence concerning this matter	to the following:				
		er na na					
		Shelly I. Rell					
			Name of Person	672			
		FOP DOLLAR NOVELTI	ES LLC	<u> </u>			
			Firm/Company	.)			
		125 Broadway Avenue		• :			
		<u></u>	Address				
		Kissimmee FL 34741		Ť.			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		shellytreil a gmail.com	•				
		E-mail address: (	to be used for future annual report noti	fication)			
For further in	formation co	ncerning this matter, please ca	all:				
Shelly I. Reil			763 313- 4225				
	Name of	Person	Area Code Daytim	e Telephone Number			
Englosed is a	obook for the	e following amount:	ELTIES LLC  Name of Limited Liability Company  and and feets) are submitted for tiling.  Incerning this matter to the following:  L. Reil  Name of Person  OOLLAR NOVELTIES LLC  Firm/Company  roadway Avenue  Address  Total State and Zip Code  reil q gmanLeon  E-mail address: (to be used for inture annual report notification)  this matter, please call:  1763  313-4225  Area Code  Daytime Telephone Number  and amount:  .00 Filing Fee & Status & Certified Copy (sadditional copy is enclosed)  Street Address:  Registration Section  Division of Corporations				
<b>≯</b> \$25,00 Fi		-	Ti ess do una, un e	Til SAO OO Eiling Kaa			
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	ahassee, F			e Street, Suite 810			
1 411	mmoc, t	est along to t	Tallahassee, FL				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited L.</u> (A F	iability Compa lorida Limited l	my as it now appears on our liability Company)	records.)	
The Articles of Organization for this Limited Liabil Plorida document number 1/21000467573		were filed on 10/27/2021	_	_ and assigned
This amendment is submitted to amend the following	ig:			
A. If amending name, enter the new name of the	limited liab	ility company here:		
N/A				22
he new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	n "LLC" or the abbre	
Enter new principal offices address, if applicable	••	125 Broadway Avenue		· · ·
Principal office address MUST BE A STREET A		Kissimmee FL 34741		, ,
, , , , , , , , , , , , , , , , , , ,	<u></u>			; '
				;;
Enter new mailing address, if applicable:		125 Broadway Avenue		<u>-</u>
Mailing address MAY BE A POST OFFICE BOX)		Kissimmee FL 34741		
manig addition of the first of the first				
3. If amending the registered agent and/or registered and/or the new registered office address he  Name of New Registered Agent:  S		address on our records,	enter the name o	of the new regi
1	35 Day alama	N		
New Registered Office Address:	25 Broadway	Enter Florida stree	t address	
К	lissimmee		Florida <sup>3474</sup>	<u> </u>
	<del></del>		BLIGHTIO "	

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

TOP DOLLAR NOVELTIES 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 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
MGRM	Naoufal Boumehdi	125 BROADWAY AVE	□Add
		KISSIMMEE FL 34741	
			□Change
			Add
			□Remove
		<del></del>	☐ Change
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fective date, if other than the neffective date is listed, the date in the late in this late. If the date inserted in this late.	ie date of filing: ust be specific and canno block does not meet th	ie applicable	ate of filing or restautory film	nore than 90 day:	optional) safter filing.) P s. this date wi	ursuant to 605.020
cument's effective date on the	Department of State's	records.				
ecord specifies a delayed effect is filed.	ive date, but not an eff	fective time.	at 12:01 a.m.	on the earlier	of: (b) The S	90th day after th
July 18th ted	202	! <u>2</u> 				
		_				
· · · · · · · · ·	Signature of a member	h Ro	d representativ	c of a member		
<u></u>	Signature of a member	h Ro nof authorize	d representativ	e of a member		