

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GG CONSULTING SERVICES CORP Account Number : 120210690143

: (786)631-8656 Fax Number : (786)360-4066

> $\bullet \bullet$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TOP BILLIONAIRE INVESTMENT LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu

Help

# COVER LETTER

TO:	Registration Sec Division of Corp	ction porations		·	•
		ONAIRE INVESTMENT LLO	3		
SUBJEC	UT:	Name of Lim	ited Liability Company	·-··	
The encl	losed Anieles of a	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		ORLANDO J GONZALEZ	Z		
			Name of Person		
		GG CONSULTING SERV	TICES CORP		
			Fimi√Company		
		95 MERRICK WAY. THI	RD FLOOR. SUITE 300		
		·	Address		<del></del>
		CORAL GABLES, FL 33	134		
			City/State and Zip Code	•	
		· •	ULTINGSER VICES.COM to be used for future annual report noti	(inchian)	
			•	neution)	
For furt	her information o	oncerning this matter, please c	all;		
ORLAN	DO J GONZALI	EZ	786 520-5029		
<del></del>	Name of	f Person	at (	e Telephor	ne Number
Enclose	d is a check for th	ne following amount:			
■ \$25	.00 Filing Fee	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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tollahoccea EI 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP BILLIONAIRE INVESTME	NT LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited I Florida document number <u>L21000504276</u>	Liability Company	were filed on NOVEMBER 24, 2021	and assigned			
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."			
Enter new principal offices address, if appli	сяble:	95 MERRICK WAY				
(Principal office address MUST BE A STRE		THIRD FLOOR, SUITE 300				
		CORAL GABLES, FL 33134				
Enter new mailing address, if applicable:		95 MERRICK WAY				
(Mailing address MAY BE A POST OFFICE	BOX)	THIRD FLOOR, SUITE 300	433			
	···	CORAL GABLES, FL 33134	ON S			
B. If amending the registered agent and/or agent and/or the new registered office addresses		nddress on our records, enter the na	FIL 12			
Name of New Registered Agent:	CRISTIAND	LOPEZ CORRALES	PR ED			
New Registered Office Address:	95 MERRICK	WAY, THIRD FLOOR, SUITE 3(x)	##D ###			
		Enter Florida street address	-			
	CORAL GABI	, Fibrida	33134			
		City	Zip Code			

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

I hereby accept the appointment as registered agent and ugree 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.

\_\_\_\_ 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
MGR	RICARDO J FUENMAYOR M	1111 SENSOR PL. APT 415	≅Add
		KISSIMMEE, FL 34744	
			□ Change
			□Add
			Reniove
			□ Change
			□Add
			□Remove
			☐ Change
			□Remove
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			□ Add
			□ Rелюче
			Change
			□Add
			☐ Remove

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- WW W W		
		Signature of a member or authorized representative of a member
		CRISTIAN D LOPEZ CORRALES

Typed or printed name of signce