人21000522764

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COVER LETTER

TO:

TO: Registration Se Division of Cor			
	CURRENCY KING LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSHUA A URBINA		
		Name of Person	
	TOP TIER CURRENCY R	KING LLC	
		Firm/Company	
	5520 NW 199 TERRA86 I	JNIT 86	
		Address	
	MIAMI GARDENS, FL 33	3055	
	I COCINIAN/CEL205@ICL	City/State and Zip Code	
	LEOFINANCE 1305@ICLC E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
JOSHUA A URBINA		786 315-1668	
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP TIER CURRENCY KING LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 12/13/2021	and assigned
Florida document number L21000522764	·	
his amendment is submitted to amend the following	ng:	
If amending name, enter the new name of the	limited liability company here:	
TOP TIER PROSPERITY LLC.		
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable		
	<u> </u>	
<u>Principal office address MUST BE A STREET A</u>	DDRESS)	
		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	K)	
		7.0
		12
3. If amending the registered agent and/or regis	tered office address on our records, enter the i	يت name of themew regist
gent and/or the new registered office address he		
		0 0
		2 2 7
Name of New Registered Agent:		
New Registered Office Address:		· 5
New Registered Office Address.	Enter Florida street address	<u> </u>
	, Florida	•
_	City	Zip 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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ffect	ve date, if other than the date of filing: 01/06/2022 (optional)
an eff	ective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
recor	d 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
d is fil	
ated	01/06 2022
	Signature of a member or authorized representative of a member
	Circums of a market make in all markets of the contract of the
	Signature of a member or authorized representative of a member
	JOSHUA URBINA

Filing Fee: \$25.00