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T. MATTHEWS APR ~8 2022

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	Brokerage LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Crystal D. Smith				
		Name of Person			
		Firm/Company			
	1608 San Diego Ave				
		Address			
	Fort Pierce, Fl 34946				
	toptierbrokerage@gmail.co	City/State and Zip Code			
		to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	rail:			
Crystal D. Smith		772 301-4869			
Name of Person		at () Area Code Daytin	e Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 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)		
<u>Mailing Addres</u> Registration (Street Address: Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 632 Tallahassee, i		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Tier Brokerage LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar	ny were filed on $\frac{2/22/2022}{}$	and assigned
lorida document number L22000084652		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, g	enter the name of the new registe
Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street d	uddress
		_, 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 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>	Name	Address	Type of Action
MGR	Crystal D. Smith	1609 San Diego Ave	≣Add
		Fort Pierce, Fl 34946	
			□Change
			
			□Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
			□Add
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			□Change
			□Add
			□ Remove
			☐ Change

Effective date, if other than the date of filing: [an effective date, if other than the date of filing: [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 605.02 tottle: [1] The date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed occurrent's effective date on the Department of State's records. [2] 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 date of filed. [3] Significe of principles or authorized representative of a member.		·-			•			
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Signature of a member or authorized representative of a member	March 22		2022					
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Crystal D. Smith								

Filing Fee: \$25.00