

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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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To:

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

From:

Account Name : DERHY FINANCIAL SERVICES LLC
Account Number : 120090000059
Phone : (786)380-3472
Fax Number : (786)320-6879

****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 REMODELING LLC**

Certificate of Status	0
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Page Count	01
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C. BRUMBLEY
NOV 10 2022

2022 NOV -9 PM 4:20

FILED

2022 NOV -9 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOP REMODELING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELMALIACH, BEN

Name of Person

TOP REMODELING LLC

Firm/Company

99 NW 183RD ST #138

Address

MIAMI GARDENS, FL 33169

City/State and Zip Code

derhyfinancialservices@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELMALIACH, BEN

305 652-7576
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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
Tallahassee, FL 32303

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>	<u>Address</u>	<u>Type of Action</u>
MGR	LEVY, ISAAC	16950 NORTH BAY RD # 2114	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	EDEN BEN SIMON	1628 CHESTON IN APT A	<input checked="" type="checkbox"/> Add
		HANOVER MARYLAND 21076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(If 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 605.0207 (3)(b)

If the 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 record is filed.

Dated 11/8/, 2022

Signature of a member or authorized representative of a member

ELMALIACH, BEN

Typed or printed name of signee

Filing Fee: \$25.00