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.

(((H22000381130:3)))



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To:	Division of Co	venocations			€03 °S
	Fax Number				SEE OF
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From:	Account Name	: DERHY F	INANCIAL SERV	ICES LLC	
	Account Number	: 12 <mark>00900</mark>	00059		•••
	Phone Fax Number	: (786)38 · (786)32			
***	the email addres	aa loo bhia	huringes on	tity to be used	for future
an:	nual report mail	ings. Ente	r only one em	ail address ple	ase. **
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Corporate Filing Menu

Electronic Filing Menu

1/1

Help

COVER LETTER

	gistration Sec vision of Corp			
		DELING LLC		
SURIECT:		Name of Limi	ted Liability Company	
The malesa	d Aminino of	Amendment and fee(s) are subt	nitted for filing.	
		ndence concerning this matter		
ricase retui	n an correspon	Mence concerning and matter	as are tonowing.	
		ELMALIACH, BEN		
			Name of Person	
		TOP REMODELING LLC		
			Firm/Company	
		99 NW 183RD ST #138		
			Address	
		MIAMI GARDENS, FL 33	3169	
			City/State and Zip Code	
		derhyfinancialservices@gm	ail.com to be used for future annual report no	tification)
For further	information c	oncerning this matter, please co		,
ELMALIA	CH, BEN		305 652-7576 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	© \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
\overline{R}	<u>Jailing Address</u>	Section	Street Address: Registration S	
	ivision of C .O. Box 632	Corporations 27	Division of C The Centre of	-
	allahassee,		2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP REMODELING LLC		
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia		and assigned
1 22000205683	, .	
Florida document number <u>L22000205683</u>	··	
This amendment is submitted to amend the follo		
A. If amending name, enter the new name of	the limited liability company here:	() () ()
,		7500 7500 7500
	ords "Limited Liability Company," the designation "LLC"	or the abbreviation L.C.
The new name must be distinguishable and contain the wi	ords Limited Limitely Company, and the g	
Enter new principal offices address, if applica	able:	
		SSC > III
(Principal office address MUST BE A STREE		
		<u> </u>
		· H +
Enter new mailing address, if applicable:		
-	POV	
(Mailing address MAY BE A POST OFFICE)	<u> </u>	
B. If amending the registered agent and/or r	egistered office address on our records, <u>enter t</u>	the name of the new registered
agent and/or the new registered office address	ss here:	
N Chlour Bogistared Agent:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	;
-	. Flo	orida
	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 fitle, 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
MGR	LEVY, ISAAC	16950 NORTH BAY RD # 2114	□ Add
<u> </u>		SUNNY ISLES, FL 33160	■Remove
			Change
MGR	EDEN BEN SIMON	1628 CHESTON IN APT A	——— ≅Add
		HANOVER MARYLAND 21076	Remove
			□ Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			Remove
			Change
			□Add
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· . ·	
	(-41)
- Ifan	ective date, if other than the date of filing:
Not	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
doc	ument's effective date on the Department of State's records.
	cord 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 s filed.
ъ.	ed <u>U/8/</u> . <u>2022</u>
Dat	ed
	A contract of the second of th
	Signature of a member or authorized representative of a member
	CIMALIACU DEN
	ELMALIACH, BEN

Filing Fee: \$25.00