## L22000208653

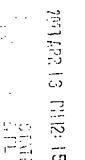
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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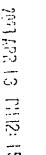
Office Use Only



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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	orporations					
SUBJECT: Top	Tier Tinting LLC					
SCBJECT.		ited Liability Company				
The enclosed Articles of	of Amendment and fec(s) are sub	omitted for filling.				
Please return all corresp	pondence concerning this matter	to the following:				
		Jonathan M. Gomolka	1			
		Name of Person				
	T	op Tier Tinfing LLC				
		Firm/Company				
	904	7 San Jose Blvd Apt.	510			
		Address				
	Ja	acksonville, Florida 32	257			
		City/State and Zip Code				
		TTTNEFL@gmail.com			:-	[13]
For further information	E-mail address: t	to be used for future annual r all:	report notification)		; .	MP7 13
Jonathan Gom	ıolka	at ( 904 )	553-1469			
	of Person	at ( <u>904</u> ) Area Code	Daytime Telephor	ne Number		FH12: 15
Enclosed is a check for	the following amount:				111	٠.
2] \$25.00 Filing Fee	") \$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Fili Certificate Certified C radditional o	of Status Topy	
Malling Addr Registration		<u>Street Ad</u> Registra	Idress: ition Section			
_	Corporations	-	of Corporation	18		
P.O. Box 63	327	The Cer	itre of Tallahass	see	^	
Tallahassee	. FL 32314	2415 N.	Monroe Street,	Suite 81	U	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Tier Tinting LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{05/03/2022}{1}$ and assigned Florida document number \_\_\_\_\_L22000208653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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	ELJERA, MARIE K	113 SUNNYSIDE DR.	F.Add
		SAINT JOHNS. FL 32259	E. Remove
			□ Change
			□Add
			□ Петоче
			☐ Change
		******	
			☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□ Add
			€ Change
			□ Add
			□Remove
			☐ Change
			□Add
			☐ Remove
			□ Chauge

D. If ame - -	ending any other inform	ation, enter chang	ge(s) here: (Attach ad	···	<i>ن</i> بر <i>ن</i>
-					
- -					
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(If an eff <u>Note:</u>	ive date, if other than the fective date is listed, the date in. If the date inserted in this beent's effective date on the I	ist be specific and cannolock does not meet t	he applicable statutory	(optional or more than 90 days after film, filing requirements, this date	z.) Pursuant to 605.0207 (3)
the recor	d specifies a delayed effecti led.	ve date, but not an cf	ffective time, at 12:01 a	.m. on the earlier of: (b) T	he 90th day after the
Dated	March 22		2023		15.3 TO

E.

Signature of a member or authorized representative of a member Jonathan Gomolka
Typed or printed name of signee