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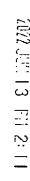
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
CUBICCE.	Too Dirt Solut	hons LLC	-
SUBJECT:	Top Dirt Solut	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Je	nnifer Polsov	
		Name of Person	
	Top D	Yt Solutions Firm/Company	, LLC
		• •	
	2808 45	Street Ea. Address	st
		Address	
	Bradentor	F1 . 34208 City/State and Zip Code	
	To mail address: (	O yahoo . Corr	notification)
For further information co	ncerning this matter, please ca	all:	
Matthew	Polson	at ( <u>qul</u> ) 773	3-5306
Name of	Person	Area Code Day	ytime 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 So	ection	Street Address Registration Division of G	Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Dirt Sol			2 Juli 13 Pil 2: 11
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appear i Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>La2000 aa</u> i しょし		6/1/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our re	ecords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
		. 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	Matthew Polson	2808 45th St. E.	BAdd
		Bradenton, Fl. 34208	□Remove
			□Change
MGR	Jennifer Polson	2808 45th St. 8.	🗆 Add
		Bradenton, F1.34208	□Remove
			& Change
			Cladd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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<u> Note:</u> I	re date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlief of: (6) The 90th day after the d.
T	nursday, June 9th. 2022.
Dated _	
	Signature of a member or authorized representative of a member
	Jennifer Polson Typed or printed name of signee

Filing Fee: \$25.00