

122000264326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

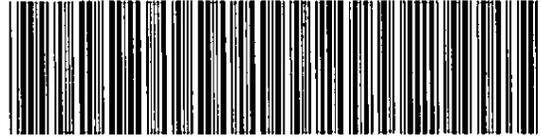
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
OCT -3 2022

Office Use Only



800390268798

07/01/22--01021--011 \*\*25.00

2022 JUL -1 PM12:25  
SECRETARY OF STATE  
FALLASSEE, VA

FILED



**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2022 JUL -1 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

TOP WORKS USA, 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 June 09, 2022 and assigned Florida document number L22000264326.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L..L.C."

Enter new principal offices address, if applicable:

NA

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

NA

**(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:

Aracelis Carbonell Castillo

New Registered Office Address:

NA

*Enter Florida street address*

NA

Florida NA

*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> | <u>Name</u>                     | <u>Address</u>                        | <u>Type of Action</u>                      |
|--------------|---------------------------------|---------------------------------------|--|
| AMBR         | Aracelis Carbonell Castillo     | 8572 NW 198 Terrace, Hialeah FL 33015 | <input type="checkbox"/> Add               |
|              |                                 |                                       | <input checked="" type="checkbox"/> Remove |
|              |                                 |                                       | <input type="checkbox"/> Change            |
| MGR          | Aracelis Carbonell Castillo     | 8572 NW 198 Terrace, Hialeah FL 33015 | <input checked="" type="checkbox"/> Add    |
|              |                                 |                                       | <input type="checkbox"/> Remove            |
|              |                                 |                                       | <input type="checkbox"/> Change            |
| MGR          | Nobel Francisco Rovirosa Morell | 8572 NW 198 Terrace, Hialeah FL 33015 | <input checked="" type="checkbox"/> Add    |
|              |                                 |                                       | <input type="checkbox"/> Remove            |
|              |                                 |                                       | <input type="checkbox"/> Change            |
| AMBR         | Nobel Francisco Rovirosa Morell | 8572 NW 198 Terrace, Hialeah FL 33015 | <input checked="" type="checkbox"/> Add    |
|              |                                 |                                       | <input type="checkbox"/> Remove            |
|              |                                 |                                       | <input type="checkbox"/> Change            |
|              |                                 |                                       | <input type="checkbox"/> Add               |
|              |                                 |                                       | <input type="checkbox"/> Remove            |
|              |                                 |                                       | <input type="checkbox"/> Change            |
|              |                                 |                                       | <input type="checkbox"/> Add               |
|              |                                 |                                       | <input type="checkbox"/> Remove            |
|              |                                 |                                       | <input type="checkbox"/> Change            |

