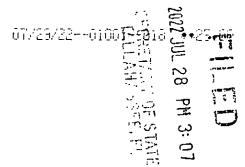
## L22000292473

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
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2022 JUL 28 PM 2: L

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A. BUTLER
JUL 28 2022

## **COVER LETTER**

	Registration Se Division of Cor					
SURJEC	TOP LINK	LLC • · · ·		•		
30 131.0	· • • —	Name of Lim	ited Liability Company			
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ndence concerning this matter	to the following:			
		MARIA DONOSO				
			Name of Person			
		TOP LINK, LLC				
			Firm/Company			
		15757 PINES BLVD. #207	7			
		Address				
		PEMBROKE PINES, FL 3	3027			
		MYGIFTMD@GMAIL.CO	City/State and Zip Code			
		<del>-</del>	to be used for future annual report notif	ication)		
For furth	er information c	oncerning this matter, please co	all:			
MARIA	DONOSO		954 509-6304			
· · · · ·	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
€ \$25.0	00 Filing Fee	(1) \$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)		

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION [ ]

2022 JUL 28 PH 3: 07

TOP LINK LLC		~ :-
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records Te	l
he Articles of Organization for this Limited Liability Compan lorida document number L22000292473		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company." the designation "LLC" or t	he abbreviation "L.L.C."
nter new principal offices address, if applicable:		<del>-</del> -
Principal office address MUST BE A STREET ADDRESS)	<del></del>	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of the new registe
Name of New Registered Agent:		·
New Registered Office Address:	Enter Florida street address	
	, Florid:	1Zip Code

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR MARIA	MARIA DONOSO	15757 PINES BLVD #207	<b>≝</b> Ađd
		PEMBROKE PINES, FL 33027	□Remove
			□Change
AMBR FRANKLIN GONZALEZ	FRANKLIN GONZALEZ	15757 PINES BLVD #207	
		PEMBROKE PINES, FL 33027	
			□Change
AMBR COLIN GONZ	COLIN GONZALEZ	15757 PINES BLVD #207	
		PEMBROKE PINES, FL 33027	□Remove
			□Change
MGR TOPLINK, ILC	TOPLINK, ILC		∐Add
			<b>∑</b> Remove
			☐ Change
			UAdd
		,	□Change
			∐Add
			□Remove
			□Change

-	
	<del></del>
lf an effect <u>Note:</u> If	edate, if other than the date of filing:
ne record s ord is filed	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
Dated	Tuly 28 . 2022.  Signature of a member of authorized representative of a member
	Signature of a member or authorized representative of a member
	MARIA DONOSO
	Typed or printed name of signee