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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC

Account Number : I20220000070

: (888)462-3453

Fax Number

: (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	EFILE1234@INCFILE.COM

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K. SALY

APR - 1 2024

COVER LETTER

SUBJECT:		ited Liability Company	
The enclosed Articles o	Division of Corporations TOPMOY LLC Name of Limited Liability Company enclosed Articles of Amendment and feets) are submatted for filing. see return all correspondence concerning this matter to the following: LOVETTE DOBSON Name of Person		
Please return all corresp	oondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	- "	Name of Person	
		matter to the following: Name of Person	
	17350 STATE HWY 249 :	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	•	
For further information		,	titleation)
LOVETTE DOBSON		1 888.462.34	53
Name	of Person	Area Code Daytii	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
			ection
	•		
P.O. Box 63 Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ТОРМО	DY LLC	TEARASSINE LIVE
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	TEAHASSEE FLORIS,
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.22000318347}{1.000000000000000000000000000000000000$	were filed on <u>07/18/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	sility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	265 Ne 161st St	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33162	
Enter new mailing address, if applicable:	265 Ne 1618t St	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33162	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the na Enter Florida street address	me of the new registered
	Florida	

New Registered Agent's Signature, it 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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

4/1/2024 08:50:53 CDT

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			☐Change
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			Chango.
			Remarce File Change 58
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ctive date, if other than the	t be specific and cannot be	prior to date of filir	ng or more than 90 day	s after filing.) Pursu	int to 605.0207
 if the date inserted in this blument's effective date on the Delice. 			y ming requirement	s, this date will no	n de listed as i
ord specifies a delayed effectiv filed.	e date, but not an effect	ive time, at 12:01	a.m. on the earlier	of: (b) The 90th	day after the
ed March 29	2024	·			
	$\overline{\mathcal{D}}$.				
	Signature of a member or	ny feat ?	facques		