122000406958

(Requestor's Name)	
(Address)	40042079
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/27/2301040-
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

	Registration S Division of Co			
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SUBJEC	UBJECT:Name of Limited Liability Company			
The enclo	osed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all corresp	ondence concerning this matter	to the following:	
		NIXON DE SA		
			Name of Person	
		NIXON DE SA		
		Firm/Company		
		624 SW 1ST ST APT 609		
			Address	
		MIAMI / FLORIDA / 33130		
			City/State and Zip Code	
		TOPSELLERS786@GMA	IL.COM to be used for future annual report notifi	estion)
For furthe	er information	concerning this matter, please c	·	····,
NIXON I		Ç ,	786 8781165	
	Name	of Person	at (Telephone Number
Enclosed	is a check for	the following amount:		
\$25. 0	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 Addre		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOP SELLERS 786 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 $\frac{09 / 19/2022}{1}$ and assigned Florida document number _____L22000406958 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 "L.I.C" or the abbreviation "L.I.C." 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 _, Florida _ City

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>	Address	Type of Action
MGR	YELIMAR ALAYON		□Add
			□Remove
		624 SW 1ST ST APT 609	■Change
			□Add
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te, if other than the date of filing: 12/18/	12.023
te, if other than the date of filing:	
date inserted in this block does not meet the applicable statutory iffective date on the Department of State's records.	
treetie date on the repairment of state a records.	
ifies a delayed effective date, but not an effective time, at 12:01 a.	.m. on the earlier of: (b) The 90th day after th
,	
December 17 2023	
Signature of a member or authorized representa	ative of a member
/A	6N Dest

Filing Fee: \$25.00