

L220000420004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

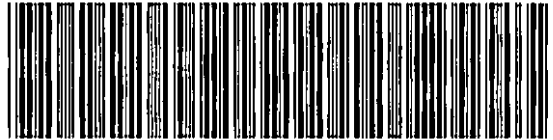
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300397279353

2022 NOV -9 PM 2:36
SECRETARY'S OFFICE
TALLahassee, VA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Top Tier Model Management LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Katz

Name of Person

Firm/Company

3389 Sheridan St #104

Address

Hollywood, FL 33021

City/State and Zip Code

mikekatz333@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Katz

786

366-6132

at (_____) _____

Name of Person

Area Code

Daytime 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 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

SECRETARY OF STATE
TALLAHASSEE, FL

2022 NOV -9 PM 2:36

FILED

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	Agustin Pillado Matheu	300 W 49th St Apt 512	<input type="checkbox"/> Add
		New York, New York	<input type="checkbox"/> Remove
		10019	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 NOV 9 PM 2:36
SECRETARY
TALIAFERRO

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2022 NOV -9 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF THE
TALLAHASSEE

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 5th 2022

Michael Katz

Signature of a member or authorized representative of a member

Michael Katz

Typed or printed name of signee

Filing Fee: \$25.00