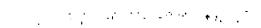
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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

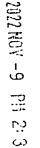
Office Use Only



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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Division of	n Section Corporations					
Top Tic	er Model Management LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.				
Please return all corre	espondence concerning this matter	to the following:				
	Michael Katz					
		Name of Person				
		Firm/Company				
	3389 Sheridan St #104					
		Address				
	Hollywood, Fl 33021				ဟ	2(
	mikekatz333@gmail.com	City/State and Zip Code	e		TALI	2022 NOV -9
	E-mail address: (to be used for future annua	al report notification)		7.5	~< 1
For further information	on concerning this matter, please ca	all:				9 Pii
Michael Katz		786 3	66-6132			$\ddot{\wp}$
Nar	ne of Person	Area Code	Daytime Teleph	one Number		3 6
Enclosed is a check for	or the following amount:					
■ \$25.00 Filing Fee	© \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		Certified (e of Status	
Mailing Add Registration	on Section	Regist	Address:			
Division o P.O. Box (f Corporations 5327		on of Corporation entre of Tallaha			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Tier Model Management LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our a Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{09/27/2022}{1}$	and assigned
Florida document number L22000420004	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	n "LI.C" or the abbreviation "IL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u> </u>	.e. 102
		ACR E 17
		1
Enter new mailing address, if applicable:		9
(Mailing address MAY BE A POST OFFICE BOX)		1- = 5
than the second of the second of the second		
		<u>्र</u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	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>	Type of Action
AMBR	Agustin Pillado Matheu	300 W 49th St Apt 512	🗆 Add
		New York, New York	□Remove
		10019	≡ Change
			□Add
			Remove
			□Change
			SE ZONOV DRemove
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an effective date is listed, the date mus	date of filing: the specific and cannot be prior to date of filing onck does not meet the applicable statutory figurithment of State's records.	(optional) or more than 90 days after filing.) Pursuant to iling requirements, this date will not be	605.02 listed
ecord specifies a delayed effectiv is filed.	e date, but not an effective time, at 12:01 a.r	m, on the earlier of: (b) The 90th day	after ti
October 5th	2022		
nea			
Michael Kat	Rignature of a member or authorized representat		_

Filing Fee: \$25.00