

L23000004446

(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



100407028461

LLC Amend

FILED
2023 MAY -5 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 MAY -2 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
MAY - 8 2023

X02250, 00524, 00671

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160 **\$ 43.75**

Authorization Signature: _____

TOP BROKERAGE LLC L23000004446

Business Name

Document #

☐ Certified Copy of articles

☒ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not For Profit

☐ Limited Liability

☐ Domestication

☐ Other

☐ **CORP**

☐ LLLP

AMENDMENTS

☒ Amendment
☐ Statement of Fact

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE _____
Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

_____ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

TALLAHASSEE, FL 32309

SUBJECT: TOP BROKERAGE LLC
Ref. Number: L23000004446

We have received your document for TOP BROKERAGE LLC and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a corporation and your entity is a limited liability company. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 323A00009915

RECEIVED
2023 MAY -5 AM 8:27
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Brokerage, 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:

Ivan Iverson

Name of Person

Top Brokerage LLC

Firm/Company

1050 Crown Pointe Pkwy Suite 500

Address

Atlanta GA 30338

City/State and Zip Code

blacktopconsultingatl@gmail.com

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

For further information concerning this matter, please call:

Anthony Giglio

Name of Person

at (513)

Area Code

505-5222

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

2023 MAY -5 AM 8:40

Top Brokerage, LLC

(Name of the Limited Liability Company as it now appears on our records)

(A Florida Limited Liability Company)

OFFICE OF STATE
ADMINISTRATOR
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/29/2022 and assigned
Florida document number L23000004446.

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 "LLC" or the abbreviation "L.L.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

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>	<u>Type of Action</u>
MGR	Michael Brock	1050 Crown Pointe Pkwy Suite 500	<input type="checkbox"/> Add
		Atlanta GA 30338	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony Giglio	1050 Crown Pointe Pkwy Suite 500	<input checked="" type="checkbox"/> Add
		Atlanta GA 30338	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

JK

Ivan Iverson

Typed or printed name of signee

Filing Fee: \$25.00