

L23000154232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

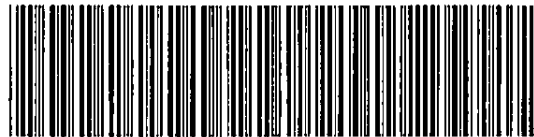
(Document Number)

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Special Instructions to Filing Officer:

J. HORNE
APR 26 2023

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FILED
2023 APR 25 AM 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2023 APR 25 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please use funds from this account: I20210000160 \$ 60.00

Authorization Signature: 

TopLevel Delivery, LLC L23000154232

Business Name Doc. #

☒ **X Certified Copy of**

☒ **X Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not for Profit

☐ Limited Liability
☐ Domestication
☐ Other
☐ **CORP**
☐ **LLLP**

AMENDMENTS

☒ **X Amendment**
☐ 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: _____

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EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TopLevel Delivery, 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:

Christopher A. Roberts JR

Name of Person

TopLevel Delivery, LLC

Firm/Company

1493 Caterpillar St

Address

Saint Cloud, FL 34771

City/State and Zip Code

CRoberts30@Yahoo.com

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

For further information concerning this matter, please call:

Christopher A Roberts JR

407 414-0779
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

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

TopLevel Delivery, LLC

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

2023 APR 25 AM 11:11
SECRETARY
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 27, 2023 and assigned
Florida document number L23000154232

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.L.C." 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	Christopher A. Roberts Jr	1493 Caterpillar St	<input type="checkbox"/> Add
		St.Cloud FL, 34771	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Shamile Sparkle Roberts	1493 Caterpillar St	<input checked="" type="checkbox"/> Add
		St. Cloud FL, 34771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher R. Roberts	1493 Caterpillar St	<input checked="" type="checkbox"/> Add
		St.Cloud FL,34771	<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.

Christopher Rob Jr
Signature of a member or authorized representative of a member

Christopher A. Roberts Jr
Typed or printed name of signee

Filing Fee: \$25.00