L23000178259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

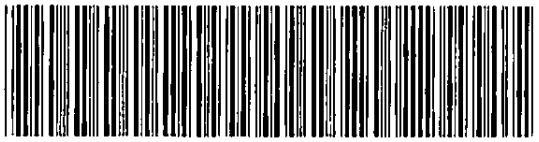
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2023 APR 25 PM 3:05

FILED

2023 APR 25 PM 3:05

TALLAHASSEE, FLORIDA

APR 25 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Top Row LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Guangzhi Shang
Name of Person

Top Row LLC
Firm/Company

2604 Lucerne Dr.
Address

Tallahassee, FL 32303
City/State and Zip Code

shangguangzhi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Guangzhi Shang at (803) 629 5862
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

X $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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Top Row LLC

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

Articles of Organization for this Limited Liability Company were filed on 04/11/2023 and assigned document number L23000178259.

The Amendment is submitted to amend the following.

If amending name, enter the new name of the limited liability company here:

_____

(Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.")

If new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

_____

_____

_____

If new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

_____

_____

_____

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)*

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

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added oved from our records:

= Manager
= Authorized Member

	Name	Address	Type of Action
AMBR	Dingyu Sun	2604 Lucerne Dr.	X Add
		Tallahassee, FL 32303	☐ Remove
			☐ Change
AMBR	Yuzuo Shang	2604 Lucerne Dr.	X Add
		Tallahassee, FL 32303	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

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

ective date, if other than the date of filing: _____ **(optional)**

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

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 filed

ed Apr 25 , 2023

Signature of a member or authorized representative of a member

Guangzhi Shang

Typed or printed name of signer

Filing Fee: $25.00