## L23000253846

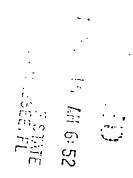
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## **COVER LETTER**

TO: Registration S Division of Co			
TOPAJEN			
SUBJECT:		nited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	John S. Lamb, Jr.		
		Name of Person	<del></del>
	Topajena LLC		
		Firm-Company	
	1502 1st Avenue SE		
	· · · · · · · · · · · · · · · · · · ·	Address	
	Steinhatchee, Fl. 32359		
		City/State and Zip Code	
	jslambjr@bellsouth.net		
	E-mail address: (	to be used for future annual report no	otification)
For further information	concerning this matter, please e	all:	
Jared D. Comstock, Esc	1.	352 374-8566	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for a	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 Addre	Section	Street Address: Registration S	
Division of C P.O. Box 63	•	Division of Co The Centre of	=
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOPAJENA LLC				
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	,J		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000253846</u> .			_ and a	ssigned
'his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	dity Company," the designation "LLC"	or the abbre	viation "	L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)	<del></del>	<u>-</u>	1.7	
		•	<u> </u>	
				•
Inter new mailing address, if applicable:		(7) 1 		
Mailing address MAY BE A POST OFFICE BOX)		(L) (J)		
		四层	<u>ည်</u>	Name of
		زيرا	7	
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name o	of the n	ew regis
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Liner i forma snort adaress			
	, Flor	rida	Zip Cod	
	$\nabla HY$		$xq \in oa$	

## 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 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
MGR	Duane Thomas	P.O. Box 660	L'Add
		Steinhatchee, FL 32359	■ Remove
			LIRemove
			<u>L'</u> Change
			□Add
			LJRemove
			— □Change
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			CChange
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		一	52
		<del></del>	
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be price	or to date of filing or n	ore than 90 days after filing t	Pursuant to 605.01
e: If the date inserted in this block does not meet the app!	icable statutory filir	g requirements, this date v	will not be listed
ument's effective date on the Department of State's record	18.		
ord specifies a delayed effective date, but not an effective	time at 12:01 a.m.	on the earlier of this. The	. UNth day after ti
filed.	Time, at 12.01 a.m.	on the carrier of (b)	your day arter a
September 10 2024			
	//		
		of a member	

Typed or printed name of signee