L23000 269607

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zip	o/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	cer:

Office Use Only



900407515149

96/08/23-+01002--014 **25.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ASHBRITT	TOPPINO LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records,) lited Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed onJUNE 5, 2023	and assigned	
Florida document number <u>L23000269607</u> .			
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 I	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
		2027	
		PER SE	
Enter new mailing address, if applicable:		>7.	
(Mailing address MAY BE A POST OFFICE BOX)		E CONTRACTOR OF THE CONTRACTOR	
		200	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	.	
	, Floric	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 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>	Name	Address	Type of Action
MBR	ASHBRITT, INC.	565 F. HILLSBORO BLVD	⊠Add
		DEERFIELD BEACH, FL 33441	□Remove
			□ Change
<u>MBR</u>	CHARLEY TOPPINO & SONS, INC.	129 TOPPINO INDUSTRIAL DR	[X] Add
		KEY WEST, FL 33040	□Remove
			Change
			EAdd
			© Remove
		<u>, </u>	Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

			
			
			<u> </u>
			VE 123
<u></u>			
			1 2
			
			100
			20
-		-	
		···	
Tective date, if other t	han the date of filing: e date must be specific and cannot be prior to date of	of filing or more than 90 days after fil	al)
ote: If the date inserted	in this block does not meet the applicable sta on the Department of State's records.	tutory filing requirements, this d	ate will not be listed as
Runent's criective date	on the Expandition of State's records.		
record specifies a delayed is filed.	d effective date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
ated	JUNY 7 1023 100		
	Like Win		
	Signature of a member or authorized re	presentative of a member	

Filing Fee: \$25.00