## L23000354033

(Requestor's Name)
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## **COVER LETTER**

Division of C			
Top Shar	oe SPB, LLC		
30b/EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	unitted for filing.	
	pondence concerning this matter		
	LeeAnn Moore		
	<del> </del>	Name of Person	
	Top Shape SPB, LLC		
		Firm/Company	
	540 39th Ave		
		Address	
	St. Pete Beach, FL 33706		
		City/State and Zip Code	
	topshapespb@gmail.com E-mail address: (	to be used for future annual repo	it notification)
For further information	concerning this matter, please c		
LeeAnn Moore		727 735-13	57
Name	of Person	at () Area Code D	laytime 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 62	Section Corporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Snape SPB, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records ited Liability Company)	
the Articles of Organization for this Limited Liability Complorida document number L23000354033	pany were filed on 7/27/2023	and assigned
his amendment is submitted to amend the following:		
_		
. If amending name, <u>enter the new name of the limited</u>	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	S)	
		202
		2023 11-51
nter new mailing address, if applicable:		7
Mailing address MAY BE A POST OFFICE BOX)		
James Bull DE HTOST OF TICE BOX		-
		<u> မှ</u>
. If amending the registered agent and/or registered off	fice address on our records, enter t	on he name of the new regic
gent and/or the new registered office address here:	nee address on our records, enter t	ne name or the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Flor	rida
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
President	LeeAnn Moore	540 39th Ave. St. Pete Beach, FL 33706	<b>=</b> Add
		<del></del>	□Remove
VP	Kelsey Shirey	540 39th Ave. St. Pete Beach, FL 33706	□Add
			■Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□ Add
			Remove
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ective date, if other than the da effective date is listed, the date must be	te of filing:		(optional)	) Dummant to 605 020
te: If the date inserted in this block	does not meet the appl	icable statutory filing t		
ument's effective date on the Depa	tment of State's record	18.		
cord specifies a delayed effective da	ate but not an effective	time at 12:01 a.m. on	the earlier of: (b) T	ha 90th day after the
s filed.	ne, our not an effective	111110; 11 12:07 11:11. 011	the carrier or. (b)	ic 70th day arter the
Outobur 30	2022			
oed October 30,	: 2023	·		
1000	1	2 _		
Sig	nature of a member or aut	horized representative of	a member	<del></del>