## L24000048038

(Requestor's Name)
(Requestor's Name)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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## **COVER LETTER**

	Registration Se Division of Cor			
Top Royalty Exports LLC				1
SUBJEC	<del></del>			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	endence concerning this matter	to the following:	
		NICOLAS DEL GALLEG	O ROJAS	
			Name of Person	
		TOP ROYALTY EXPOR	TS LLC	
			Firm/Company	
		12514 sw 211 terr		
			Address	
		Miami, FL 33177		
			City/State and Zip Code	五五
		Solshopsfba@gmail.com		
			to be used for future annual report no	infication)
For furth	er information c	oncerning this matter, please c	all:	
NICOLA	AS DEL GALLE	GO ROJAS	786 731-1526 at ( )	60 Mili
	Name o	f Person		ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■ \$</b> 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 Addres		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of	-	
	Tallahassee, l	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Top Royalty Exports LLC		
(Name of the Limited Liability (A Florida L.	Company as it now appears on our recor- mited Liability Company)	ds.)
The Articles of Organization for this Limited Liability Conflorida document number L24000045038	and assigned	
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	(SS)	F.
		节日
	<del></del>	. 2
Enter new mailing address, if applicable:		
	<del></del>	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
3. If amending the registered agent and/or registered of sent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	Cin. F	lorida
	City	гар соне

## 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	NATHALY REYES	12514 SW 211 TERR MIAMI, FL 33177	≣Add
			□Remove
			□Change
···		<del></del>	□Add
			□Remove
			□Change □Add
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Iffective date, if other than the date in effective date is listed, the date must be to the locument's effective date on the Dep	e specific and cannot be prior to da k does not meet the applicable	ite of filing or more than 90 days af		
record specifies a delayed effective of is filed.	late, but not an effective time,	at 12:01 a.m. on the earlier of:	(b) The 90th day after	the
Febuary 01	2024			
ated				
Pated	gnature of a member or authorize	J		