

# L24 000085249

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

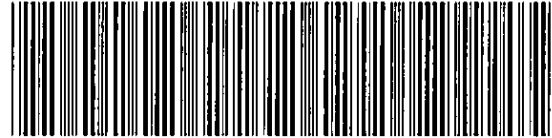
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NOV - 4 2024

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Top Workforce Solutions, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Erica Capuana

Name of Person

Top Workforce Solutions, LLC

Firm/Company

17021 N BAY RD APT 106

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

ericadcapuana@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Capuana

917 589-1947  
at ( )

Name of Person

Area Code

Daytime 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)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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**Filing Fee: \$25.00**