# 124000085249

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## **COVER LETTER**

то:		tration Sect ion of Corpo		•		
CUDIE		op Workford	ce Solutions, LLC			
SUBJE	CI: _		Name of Limi	ted Liability Company		
The encl	losed A	Articles of Ar	mendment and fee(s) are subr	mitted for filing.		
Please re	etum a	ll correspond	dence concerning this matter t	to the following:		
			Erica Capuana			
				Name of Person		-
			Top Workforce Solutions, I	I.C		
				Firm/Company		
			17021 N BAY RD APT 10	6		
				Address		
			Sunny Isles Beach, FL 3310	60		
				City/State and Zip Code		
			ericadcapuana@gmail.com	o be used for future annual re	enort notification)	
For furth	her inf	ormation con	cerning this matter, please ca		· • · · · · · · · · · · · · · · · · · ·	
Erica Ca	apuana	ı			-1947	
••		Name of I	Person	Area Code	Daytime Telepho	one Number
Enclosed	d is a c	heck for the	following amount:			
<b>\$</b> 25	.00 Fil	ing 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)
		ng Address:	ation	Street Ado	dress:	

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

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

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		2024 05	17 <u>31112:</u> 02
Top Workforce Solutions, LLC			<u> + 1 - Fir (2: </u> 02
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our Limited Liability Company)	records.)	<i>:</i>
The Articles of Organization for this Limited Liability Co Florida document number 1.24000085249	ompany were filed on February 19	), 2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	n "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u></u>	<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<del> </del>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records,	enter the	name of the new registere
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	Enter Florida strect	address	
		, Florid	la.
	City	, , , 10110	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 Changing Registered Agent, Signature of New Registered Agent

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
AMBR	Raymond J. Capuana	17021 N BAY RD APT 106	<b>=</b> Add
		Sunny Isles Beach, FL 33160	□Remove
		_	□Add
			Remove
			☐ Change
			□Add
			□ Remove
		<del></del>	☐ Change
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			☐Change

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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statutory film	(optional) more than 90 days after filing.) Pursuant to 605.0207 (3 mg requirements, this date will not be listed as the
the record specifies a delayed ) The 90th day after the rec	effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier of:
Dated October 10	2024	
<u>Euca</u>	ABUANA Signature of a member or authorized representative	
	Signature of a member or authorized representative	e of a member
Erica Capuana		

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Filing Fee: \$25.00