

M1800000 2296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

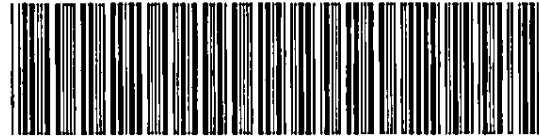
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600326501806

04/24/19--01016--007 **30.00

FILED
MAY 10 2019
TALLAHASSEE, FLORIDA

2019 MAY -6 PM 3:26

FILED

MAY 08 2019

T. LEWIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Tier Home Solutions, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Morrison

Name of Person

Top Tier Home Solutions, LLC

Firm/Company

7512 Dr. Phillips Blvd. Suite 50-135

Address

Orlando FL 32819

City/State and Zip Code

jason@toptierhs.com

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

For further information concerning this matter, please call:

Jason Morrison 314 954-6568

at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

FILED

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Top Tier Home Solutions, LLC

Enter new principal office address, if applicable: 7512 Dr. Phillips Blvd.
Suite 50-135
Orlando FL 32819
*(Principal office address
MUST BE A STREET ADDRESS)*

Enter new mailing address, if applicable: 7512 Dr. Phillips Blvd.
Suite 50-135
Orlando FL 32819
*(Mailing address
MAY BE A POST OFFICE BOX)*

2. The Florida document number of this limited liability company is: M18000002296

3. Jurisdiction of its organization: Nevada

4. Date authorized to do business in Florida: 2-5-2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City Florida 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.

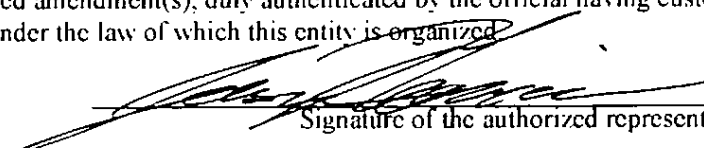
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:
Remove Teresa L Morrison from LLC

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	Tereas L Morrison		<input type="checkbox"/> Add
		725 Cedar Bluff Ct. Bullwin MO 63021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized


Signature of the authorized representative
Jason Morrison

Typed or printed name of signee

Filing Fee: \$25.00

NUMBER

4

UNITS

100

ORGANIZED UNDER THE LAWS OF THE STATE OF NEVADA

TOP TIER HOME SOLUTIONS, LLC

THIS CERTIFIES THAT

Jason M Morrison

IS THE OWNER OF

One Hundred

UNITS OF THE ABOVE LIMITED LIABILITY COMPANY TRANSFERABLE ONLY ON THE BOOKS OF THE LIMITED LIABILITY COMPANY BY THE HOLDER HEREOF IN PERSON OR BY A DULY AUTHORIZED ATTORNEY UPON SURRENDER OF THIS CERTIFICATE PROPERLY ENDORSED. TRANSFER OF THESE UNITS IS SUBJECT TO RESTRICTIONS IN THE OPERATING AGREEMENT/COMPANY AGREEMENT/REGULATIONS FOR THIS LIMITED LIABILITY COMPANY.

THE COMPANY WILL FURNISH WITHOUT CHARGE TO EACH UNIT HOLDER WHO SO REQUESTS, THE POWERS, DESIGNATIONS, PREFERENCES AND RELATIVE PARTICIPATION RIGHTS OF UNIT HOLDERS AND THE QUALIFICATIONS, LIMITATIONS OR RESTRICTIONS OF SUCH RIGHTS.

IN WITNESS WHEREOF, THE SAID LIMITED LIABILITY COMPANY HAS CAUSED THIS CERTIFICATE TO BE SIGNED BY ITS DULY AUTHORIZED MEMBER(S)/MANAGER(S).

Don Florio
MEMBER/MANAGER

MEMBER / MANAGER

3-29-2019

DATE

