

M24000005991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

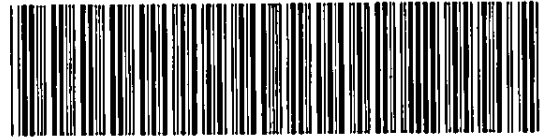
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FILED  
2024 JUN -4 PM 12:56  
SECRETARY OF STATE  
TOLSON, MISSOURI

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

**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: TopFlite Components, LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address

MAY BE A POST OFFICE BOX)

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

3. Jurisdiction of its organization: M24000005991

4. Date authorized to do business in Florida: 5/10/2024

**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: Telos Legal Corp.

New Registered Office Address: 155 Office Plaza Dr.

*Enter Florida Street Address*

Tallahassee

*City*

Florida 32301

*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.*

*[Signature]*

If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title</u> | <u>Name</u>          | <u>Address</u>                         | <u>Type of Action</u>                      |
|--------------|----------------------|--|--|
| MGR          | Bruce Price          | 14262 SW 140 St, #108, Miami, FL 33136 | <input type="checkbox"/> Add               |
|              |                      |  | <input checked="" type="checkbox"/> Remove |
|              |                      |  | <input type="checkbox"/> Change            |
| MGR          | Jonathan Falco       | 14262 SW 140 St, #108, Miami, FL 33136 | <input type="checkbox"/> Add               |
|              |                      |  | <input checked="" type="checkbox"/> Remove |
|              |                      |  | <input type="checkbox"/> Change            |
| Mgr          | kSaria TopFlite, LLC | 6 Wentworth Drive                      | <input checked="" type="checkbox"/> Add    |
|              |                      | Hudson, NH 03051                       | <input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Change            |
| AMBR         | Anthony Christopher  | 6 Wentworth Drive                      | <input checked="" type="checkbox"/> Add    |
|              |                      | Hudson, NH 03051                       | <input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Change            |
| AMBR         | Michael DiPoto       | 6 Wentworth Drive                      | <input checked="" type="checkbox"/> Add    |
|              |                      | Hudson, NH 03051                       | <input type="checkbox"/> Remove            |
|              |                      |  | <input type="checkbox"/> Change            |
| AMBR         | Mike Usher           | 6 Wentworth Drive                      | <input checked="" type="checkbox"/> Add    |
|              |                      | Hudson, NH 03051                       | <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.

Michael A. DiPoto

Signature of the authorized representative

Michael DiPoto

Typed or printed name of signee