

P19000015986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

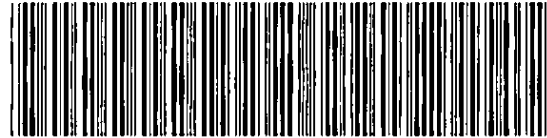
(Document Number)

United Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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*Amend*

FILED  
2023 JAN -6 AM 10:00

A. RAMSEY  
JAN -9 2023

A. RAMSEY

JAN 5 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

**PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: 35.00**

AUTHORIZATION: \_\_\_\_\_

**A Top Group, Inc. P19000015986**



Business Name

**Document Number, (if known):**

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait \_\_\_ Photocopy

\_\_\_ **Certified Copy of Articles of Incorporation**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ Limited Liability  
\_\_\_ Domestication  
\_\_\_ Other  
\_\_\_ **CORP**  
\_\_\_ **PLLC**

**AMMENDMENTS**

\_\_\_ **X** Amendment  
\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution  
\_\_\_ Merger  
\_\_\_ **Conversion**  
\_\_\_ **Statement of Revocation of  
Dissolution**

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing  
\_\_\_ Limited Partnership  
\_\_\_ Reinstatement

\_\_\_ APOSTIL() \_\_\_

\_\_\_ Other

**Country**

**EXAMINER'S INITIALS: \_\_\_\_\_**

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: A Top Group, Inc.

DOCUMENT NUMBER: P19000015986

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Di Pietro, Esq.  
\_\_\_\_\_  
Name of Contact Person  
Di Pietro Partners, PLLC  
\_\_\_\_\_  
Firm/ Company  
901 E. Las Olas Blvd., Suite 202  
\_\_\_\_\_  
Address  
Fort Lauderdale, Florida 33301  
\_\_\_\_\_  
City/ State and Zip Code  
service@ddpalaw.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Di Pietro at ( 954 ) 712-3070  
\_\_\_\_\_  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2023 JAN -6 AM 10:00

A TOP GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000015986

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

901 E. Las Olas Blvd.

Suite 202

Fort Lauderdale, Florida 33301

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

901 E. Las Olas Blvd.

Suite 202

Fort Lauderdale, Florida 33301

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

David Di Pietro, Esq., as Curator of Estate of Andy A. Rivas

901 E. Las Olas Blvd., Suite 202

(Florida street address)

New Registered Office Address:

Fort Lauderdale

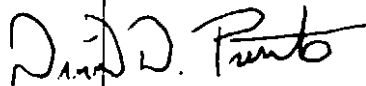
Florida 33301

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*



Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

**If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:**

*(Attach additional sheets, if necessary)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

**Example:**

X Change      PT      John Doe

X Remove      V      Mike Jones

X Add      SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	PT	Andy A. Rivas	704 NW 9th Ave.
<input type="checkbox"/> Add			Pompano Beach, FL 33060
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	V	Fednelia Brito	704 NW 9th Ave.
<input type="checkbox"/> Add			Pompano Beach, FL 33060
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	PT	David Di Pietro, as Curator of Estate of Andy A. Rivas	901 E. Las Olas Blvd.
<input checked="" type="checkbox"/> Add			Suite 202
<input type="checkbox"/> Remove			Fort Lauderdale, FL 33301
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated 01/05/2023 \_\_\_\_\_

Signature David Di Pietro \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

David Di Pietro, Esq.

\_\_\_\_\_  
(Typed or printed name of person signing)

Curator of Estate of Andy A. Rivas

\_\_\_\_\_  
(Title of person signing)