

P19000015986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

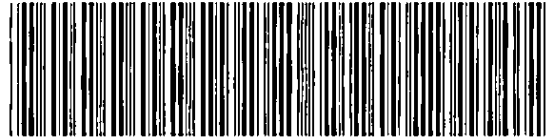
(Document Number)

Unfiled Copies _____

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Office Use Only



400400113774

Amend

2023 JAN - 6 AM 10:00

FILED

A. RAMSEY
JAN - 9 2023

379

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

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

APOSTIL() _____

REGISTRATION/QUALIFICATIONS

Foreign filing

Limited Partnership

Reinstatement

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:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
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
New Registered Office Address: 901 E. Las Olas Blvd., Suite 202
(Florida street 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:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

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

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  _____

(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)