## P19000065829

(Re	equestor's Name)	
(Ac	ddress)	<del></del>
(Ac	idress)	
(Ci	ty/State/Zip/Phone	÷#)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: TOP NOTCH FIN	ANCIAL SERVICES INC.				
DOCUMENT NUMI						
	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this ma	tter to the following:				
	ALVARO MCLEAN					
	<del></del>	Name of Contact Person				
	HEADSTART TAX AND FINANCIAL SOLUTIONS INC.					
	Firm/ Company					
	6151 MIRAMAR PARKWAY SUITE 216					
		Address	<del></del>			
	MIRAMAR, FL 33023	Address				
	WIRAWIAR, PL 33023					
		City/ State and Zip Code	•			
	ALVARO@HSFINANCIALSOL.COM					
	E-mail address: (to be used for future annual report notification)					
For further informatio	n concerning this matter, plea	se call:				
ALVARO MCLEAN		at (	699-0305			
Name o	of Contact Person	Area Coo	le & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	rtment 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

Street Address Amendment Section

Division of Corporations The Centre of Tallahassee

## Articles of Amendment to Articles of Incorporation of

TOP NOTCH FINANCIAL SERVICES INC.

(Name of Corporat	ion as currently filed with the Florida	Dept. of State)
P19000065829		
(Docu	ment Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Corporation	on adopts the following amendment(s) to
A. If amending name, enter the new name of the c	orporation:	
		The new
name must be distinguishable and contain the word "c "Inc.," or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbr	" or "Co". A professional corporation	
B. Enter new principal office address, if applicable		
(Principal office address <u>MUST BE A STREET AD</u>	<u></u>	
	<del> </del>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<b>2X</b> )	
maning and constant of the con		<del>,</del>
	<del></del>	
D. If amending the registered agent and/or registe		name of the
new registered agent and/or the new registered	office address:	
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg	zistered Agent:	25
I hereby accept the appointment as registered agent.	I am familiar with and accept the obliga	tions of the position.
		<u> </u>
		-0
	ature of New Registered Agent, if changing	ng -0 .,
Check if applicable		P
☐ The amendment(s) is/are being filed pursuant to s.	607.0120 (11) (e), F.S.	- 10 2: 10
		, <b>O</b>

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)

Add

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 <u>SV</u> $X \land Add$ Sally Smith Address Title Type of Action <u>Name</u> (Check One) 2850 Adams Street Beverly Manuel 1) \_\_\_\_ Change Hollywood, FL 33020 Add Remove LANZIE WEDDERBURN 6151 MIRAMAR PARKWAY 2) \_\_\_\_ Change SUITE 216 Add MIRAMAR, FL 33023 Remove 3) Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_ Add Remove 5) \_\_\_\_ Change \_\_\_\_ Add \_ Remove 6) Change

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
	<del></del>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
	···
	<del></del>

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- · ·

JUNE 01, 2021	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
JUNE 01, 2021	
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 we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action a action was not required.	nd shareholder
☐ 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	21
by"	321
(voting group)	
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)	2021 JUN 10 PH 5: 40
CLAUDETTE JOHNSON	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	<del></del>

Sugar Service Control