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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: TOPNOL	L D.F.S INC
DOCUMENT NUMBER: <u>P7/0002</u>	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Na	Hen James Name of Contact Person
Top	Notch O.F.S. INC Firm/ Company
	Firm/ Company
1570	Address Address
<u>Palm b</u>	City/ State and Zip Code
E-mail address: (to be For further information concerning this matter, pl	ease call:
Nathan James Name of Contact Person	at (321) les 6135
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma-	de payable to the Florida Department of State:
\$\sum_\$ \$35 Filing Fee \$\sum_\$\$43.75 Filing Fee \$\text{Certificate of Status}\$	
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

TOP NOTCH D	.F.S. 1	mc.		
(Name of Corporati	on as currently fi	led with the Florida Dep	ot. of State)	
P2 <u>1000()29530</u>				
(Docur	nent Number of Co	orporation (if known)		
Pursuant to the provisions of section 607,1006, Floridits Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corporation :	idopts the following amend	ment(s) t
A. If amending name, enter the new name of the c	orporation:			
			The n	ew
name must be distinguishable and contain the word "c"Inc" or Co.," or the designation "Corp," "Inc, "chartered," "professional association," or the abbre B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD.	" or "Co". A p eviation "P.A." <u>e:</u>	pany," or "incorporated rofessional corporation	name must contain the	ord. The state of
				ر ا
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>OX</u>)			
D. If amending the registered agent and/or registered new registered agent and/or the new registered Name of New Registered Agent		s in Florida, enter the n	ame of the	_
	(Florida street	address)		
New Registered Office Address:			. Florida	
New Avgistered Office Hawess.	(C	itv)	(Zip Code)	_
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	I am familiar wii			
Sig	таште ој мем кед	istered Agent, if changing	5	
Check if applicable				

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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:

<u>X</u> Change	<u>PT</u> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	VP	Nathan James	1175 Nordic St NV
Add			Palm Bay, FI
X Remove			32967
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change	 .		
Add			
Remove			
5)Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	ticles, enter change(s (Be specific)			
				
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an amendment provides for an exc	hange, reclassificatio	on, or cancellation o	fissued shares.	
arnyisions for implementing the am-		med in the amendin	ient usen:	
<u>provisions for implementing the amo</u>				
orovisions for implementing the amo (if not applicable, indicate N/A)				
provisions for implementing the amo				
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provisions for implementing the ame (if not applicable, indicate N/A)				
provisions for implementing the ame (if not applicable, indicate N/A)				

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The date of each amendment(s) date this document was signed.	adoption: 8 26 202 , if other tha
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will not be listed a Department of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
must be separately provided for the number of votes ca	or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval
must be separately provided for the number of votes ca	or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval
must be separately provided for the number of votes ca	or each voting group entitled to vote separately on the amendment(s):
must be separately provided for the number of votes cated by	or each voting group entitled to vote separately on the amendment(s): st for the amendment(s) was/were sufficient for approval