

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Consideration As Siling Officers |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

| NAME OF CORPO | ORATION: TOPTK PAGIE IN | чC | | | |
|---|---|---|--|--|--|
| | IBER: P23000086246 | | | | |
| The enclosed Article | s of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corr | espondence concerning this ma | tter to the following: | | | |
| | PAIGE BLACK | | | | |
| | | Name of Contact Person | 1 | | |
| | Firm/ Company | | | | |
| | 10734 SW 173RD TERRAC | Е | | | |
| | Address | | | | |
| | MIAMI, FL 33157 | | | | |
| | | City/ State and Zip Code | 2 | | |
| | crossborderwalkers@outlook | c.com | | | |
| | E-mail address: (to be us | sed for future annual report | notification) | | |
| For further informati | on concerning this matter, pleas | se call: | | | |
| PAIGE BLACK | | at (858 | 726-6288 | | |
| Name | of Contact Person | at (858) 726-6288 Area Code & Daytime Telephone Number | | | |
| Enclosed is a check f | or the following amount made | payable to the Florida Depa | artment of State: | | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 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 | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

TOPTK PAGIE INC

| (Name | of Corporation as currentl | y filed with the Florida Dept. of State) | |
|---|------------------------------|--|--------------------|
| | P2300008 | 36246 | |
| | (Document Number o | f Corporation (if known) | |
| Pursuant to the provisions of section 607 its Articles of Incorporation: | 1006, Florida Statutes, this | Florida Profit Corporation adopts the followi | ng amendment(s) to |
| A. If amending name, enter the new n | ame of the corporation: | | |
| | | | The new |
| | Corp." "Inc." or "Co". : | company," or "incorporated" or the abbreviat 4 professional corporation name must conta | |
| B. Enter new principal office address, | if applicable: | | |
| (Principal office address <u>MUST BE A S</u> | TREET ADDRESS) | | |
| | | | |
| | | | |
| C. Enter new mailing address, if appl | | | |
| (Mailing address <u>MAY BE A POST</u> | OFFICE BOX) | | |
| | | | |
| | | | • |
| | | | |
| D. If amending the registered agent at new registered agent and/or the new | | | · |
| Name of New Registered Agent | PAIGE BLACK | | |
| Stane of New Registered Agent | 10734 SW 173RD TERRA | | _ |
| | | vet address) | - |
| | MIAMI | | |
| New Registered Office Address: | - | City Florida Zip | Code) |
| | | | |
| | | | |
| New Registered Agent's Signature, if c | | | |
| I hereby accept the appointment as regist | tered agent. I am familiar v | with and accept the obligations of the position. | |
| | 2 | 7 | |
| | MA | <u> </u> | |
| | Signature of New P | egistered Agent, if changing | _ |

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: X Change | <u>PT</u> | John Doe | | | | |
|----------------------------|----------------|--------------|------------------------|--|--|--|
| X Remove | <u>V</u> | Mike Jones | | | | |
| _ <u>X</u> Add | _ <u>sv</u> | Sally Smith | | | | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s | | | |
| 1) X Change | р | PAIGE BLACK | 10734 SW 173RD TERRACE | | | |
| Add | | | MIAMI, FL 33157 | | | |
| Remove | | | | | | |
| 2) Change | | | | | | |
| Add | | | | | | |
| Remove 3) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 4) Change | | _ | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 5) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |
| 6) Change | | | | | | |
| Add | | | | | | |
| Remove | | | | | | |

| Attach additional sh | ing additional Art eets. if necessary). | (Be specific) | nge(s) here: | | | |
|----------------------|--|-------------------|-------------------|------------------|---|----------------|
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| f an amendment pr | ovides for an excl | jange, reclassifi | ication, or cance | llation of issue | d shares, | |
| provisions for impl | ementing the ame | ndment if not c | ontained in the | amendment its | self: | |
| (ң ти аррасан | e, mateure way | | | | | |
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(Title of person signing)