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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GIGLY, LLC

Certificate of Status	1
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Page Count	04
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## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gigly, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	my as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000240753</u>	were filed on August 19, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Selfgood, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	44 Milton Ave.	
(Principal office address MUST BE A STREET ADDRESS)	Alpharetta, GA 30009	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	c/o Olga Pina, Esq. Shutts & Bowen LLP	
	4301 W. Boy Scout Blvd., Ste. 300, Tam	pa, FL 33607
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter the nam</u>	e of the new registered
New Registered Office Address:		FIL 22
new registered Office Address.	Enter Florida street address	
	, Florida	· 22 -
	City	Zip Coderi

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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Trainenumg Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	SKIHK Holdings, LLC	44 Milton Ave.	[] Add
		Alpharetta, GA 30009	□Remove
			<b>■</b> Change
MGR	SKIHK Holdings, LLC	44 Milton Ave.	🗆 Add
		Alpharetta, GA 30009	□Remove
MGR	Tyler Kosloske	13014 N. Dale Mabry Hwy, Stc. 341	□ Add
		Tampa, FL 33618	Remove
		<del></del>	Change
Member	Mike Kosłoske	1401 W. Capitol Ave., Ste. 100	
		Little Rock, AR 72201	=Remove
			[] Change
VP	Nick Negulic	1401 W. Capitol Ave., Ste. 100	□Add
		Little Rock, AR 72201	■Remove
			☐Change
Secretary	Jennifer Hayes	1401 W. Capitol Ave., Ste. 100	□Add
		Little Rock, AR 72201	Remove
			∏(Thanve

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	st be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' lock does not meet the applicable statutory filing requirements, this date will not be listed as
ne record specifies a delayed effecti ord is filed.	we date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022
	Ryan Fajkowski
	Signature of a member or authorized representative of a member
Ryan Fajkowski, Presi	lent
	Typed or printed name of signce