

3/4/22, 10:35 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L22000060996

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((H22000083572 3)))



H220000835723ABCE

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ZIGGLO WHOLESALE LLC

Certificate of Status	0
Certified Copy	0
Page Count	01

https://efile.sos.fl.gov/efileov.exe

2022 MAR -4 PM 1:52

APPROVED
AND
FILED
2022 MAR -4 AM 8:41
STATE OF FLORIDA
DIVISION OF CORPORATIONS

03/04/22, 10:35 AM

Division of Corporations

Estimated Charge	\$25.00
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COVER LETTER

((H22000083572 3))

TO: Registration Section
Division of Corporations

SUBJECT: ZIGGLO WHOLESALE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL FRANSON
Name of Person
LEDGERPLUS
Firm/Company
150 SOUTH UNIVERSITY DRIVE, SUITE C
Address
PLANTATION, FLORIDA 33324
City/State and Zip Code
PFRANSON@LEDGERPLUSCPA.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL FRANSON at (954) 472-9144
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H22000083572 3)))

ZIGGLO WHOLESALE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 04, 2022 and assigned
Florida document number L22000060996.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

APPROVED
AND
FILED
2022 MAR - 4 AM 8:41
TALLAHASSEE, FLORIDA
STATE OFFICE OF REVENUE

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

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

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	RAJIW LALBIHARIE	5519 NW 72ND AVENUE	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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