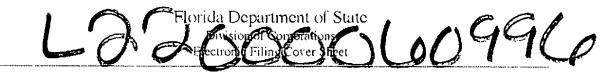
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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70:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (8441286-0178 Fax Number : (2141317-4754

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

Rmail Address:

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

Certificate of Status	0
Certified Copy	0
Page Count	01

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To: 18506176383 From: 12147128131 Date: 03/04/22 Time: 6:39 PM Page: 02/06

\$4,22,10.35 AM

Decision of Corporations

Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

(((H22000083572 3)))

то:				
SUBJECT:		Name of Limited Liability Company		
The enc	losed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspo	ndence concerning this matter to	o the following:	
		PAUL FRANSON		
			Name of Person	
	Division of Corporations ZIGGLO WHOLESALE LLC Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: PAUL FRANSON Name of Person			
			Firm/Company	
		150 SOUTH UNIVERSITY DRIVE, SUITE C		
			Address	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) S5: In Section Corporations of Tallahassee onroe Street, Suite 810
		PLANTATION, FLORIDA	. 33324	
			City/State and Zip Code	© S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ction reporations [allahassee be Street, Suite 810
		Ed Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: PAUL FRANSON Name of Person		
				neations
For fur	ther information	concerning this matter, piease ea		
PAUL	FRANSON	Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pendence 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) in concerning this matter, please call: or the fullowing amount: South fullowing a		
	Division of Corporations ZIGGLO WHOLESALE LLC UBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. PAUL FRANSON 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 seport notification) For further information concerning this matter, please call: PAUL FRANSON Name of Person S25.00 Filling Fee \$30.00 Filling Fee & Certificate of Status Certificate of Status Mailing Address: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Fl. 32314 2415 N. Montree Street, Suite 810			
Enclos	ed is a check for	the following amount:		
≘ \$2	5.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registration Division of P.O. Box 63	Section Corporations 27	Registration So Division of Co The Centre of 2415 N. Monro	rporations Tallahassee pe Street, Suite 810

To: 18506176383 From: 12147128131 Date: 03/04/22 Time: 6:39 PM Page: 04/06

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000083572 3)))

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000060996</u>	were filed on FEBRUARY 04, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2022
(Principal office address MUST BE A STREET ADDRESS)		A A
Trine part of free and the free free free free free free free fr		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Piortaa street aaaress	
	, Florida	Zip Code
s. Davids of Agents Signature if changing Registered Agents	•	·
New Registered Agent's Signature, if changing Registered Agents I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further performance of my duties, and I a provided for in Chapter 605, F.S. (Or, if this document is

Tor 18506176383 From: 12147128131 Date: 03/04/22 Time: 6:39 PM Page: 05/06

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

(((H22000083572 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	RAJIW LALBIHARIE	5519 NW 72ND AVENUE	■Add
		MIAMI, FLORIDA 33166	□Remove
			DAdd
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			🗆 Add
			Remove
			□Change

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ated MARCH 01 Signature of a member of authorized representative of a member.		
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ated MARCH 01 2022 Signature of a member of authorized representative of a member	ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to elote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be occurrent's effective date on the Department of State's records.	605.0207 listed as
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