## L33000210341

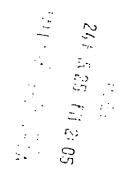
(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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J. HORNE
J. HORNE APR - 4 2024

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## **COVER LETTER**

.

TO: Registrati Division o	n Section Corporations
CUDIECT.	GO BIBI GO, LLC
SUBJECT:	Name of Limited Liability Company
	s of Amendment and fee(s) are submitted for filing.
Please return all co	espondence concerning this matter to the following:
	BILJANA PETROVIC
	Name of Person
	HigPetro LLC (AFTER Change)
	Firm/Company
	2690 Coral Landings blvd
	Address
	Palm Harbor, FL 34684
	City/State and Zip Code
	biljana.petrovic.2804@gmail.com
	E-mail address: (to be used for future annual report notification)
For further informa	ion concerning this matter, please call:
BILJ	NA PETROVIC at ( 907 ) 302-9944 une of Person Area Code Daytime Telephone Number
ì	ame of Person Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
\$25.00 Filing	ce \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Division P.O. Bo	ion Section Registration Section of Corporations Division of Corporations

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF O	RGANIZAT	TION	21/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2 1/2
GO BIBI GO, L  (Name of the Limited Liability Compa (A Florida Limited L	ny as it now appear	s on our records.)	
The Articles of Organization for this Limited Liability Company  Florida document number <u>L23000270341</u> .			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab HgPetro LLC	ility company he	ere:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		A/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r /	ecords, <u>enter the r</u>	name of the new registe
Name of New Registered Agent:  New Registered Office Address:	Enter Flor	illa street address	
	City	, Florida	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 amending 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
MGR	Ivan Zivadinovic	8139 Ogden Ave	Add
		Lyons, IL 60534	Remove
			Change
$\overline{}$		-	□Add
`			Remove
			□Change
			□Add
			□Remove
			□Remove
			Change
			□Remove
			□Change
			Remove
			□Change

THANK YOU	
	<del></del>
	<del></del>
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	_
	<del></del>
E. Effective date, if other than the date of filing:	605.0207 (3)( listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day ecord is filed.	after the
Dated March 13, 2024	
B. Relicovic  Signature of a member or authorized representative of a member	

Filing Fee: \$25.00