

L12000147141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

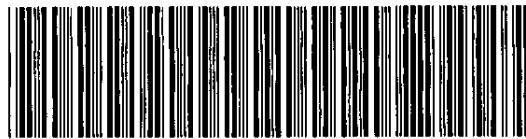
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIGERBUNNY ENTERPRISES, 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:

MARY N. HOFFMANN  
Name of Person

TIGERBUNNY ENTERPRISES, LLC  
Firm/Company

P.O. Box 13995  
Address

TAMPA, FL 33681  
City/State and Zip Code

TIGERBUNNY ENTERPRISES @HOTMAIL.COM  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY N. HOFFMANN at (813) 363-8405  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TIGERBUNNY ENTERPRISES, LLC

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

FILED  
11 APR 21 PM 1:14  
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on 11-26-2012 and assigned  
Florida document number L12000147141.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with 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)

3006 GROVE ST.

TALLAHASSEE, FL. 32301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 13995

TAMPA, FL. 33681

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:

MARY N. HOFFMANN

New Registered Office Address:

3006 GROVE ST.

Enter Florida street address

TALLAHASSEE

, Florida

32301

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JONATHAN HOFFMAN</u>	<u>1663 PEPPER DR.</u>	<input type="checkbox"/> Add
		<u>TALLAHASSEE, FL. 32304</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>MARY N. HOFFMAN</u>	<u>P.O. Box 13995</u>	<input checked="" type="checkbox"/> Add
		<u>TAMPA, FL.</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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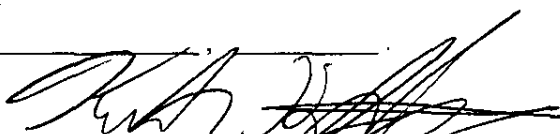
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E. Effective date, if other than the date of filing: 4-21-14 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 4-21-14



Signature of a member or authorized representative of a member

Kenneth Hoffmann

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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