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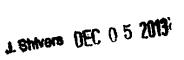
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COVER LETTER

10.		n of Corporations	, , ,
SUBJE	СТ:	Tigress	
		N	Tame of Limited Liability Company
The enc	losed Ar	ticles of Amendment and f	fee(s) are submitted for filing

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

Please return all correspondence concerning this matter to the following:

Josefina MUNTZ Name of Person
_
Tigress IN Vestments LLC
2270 Tournamost of
Address
Kissinne Florida 34746 City/State and Zip Code
Tigerfinal Yahov. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

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

(A	Florida Limited Liabil	ity Company)	· our records		
The Articles of Organization for this Limited Lia	ability Company wer	e filed on	4/6/201	3 and assign	ned
Florida document number <u>430000</u> 7	<u> 2190</u> .		, .		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability	company here:			
Tigres Twest	nexts LL	<u> </u>			
The new name in ust be distinguishable and end with "L.L.C."	the words "Limited I	iability Company,"	the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREE)	T ADDRESS)				
	_		· ;	<u>· </u>	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE L	<u></u>			· • • • • • • • • • • • • • • • • • • •	
	_				
B. If amending the registered agent and/or the new registered off	r registered office fice address here:	address on our	records, enter 1	the namé of t	the new
Name of New Registered Agent:	Josefina	MUNI	2	<u> </u>	
New Registered Office Address:	22707	DURDOME	at cou		
New Registered Office Address.		Enter 1	Florida street add	tress	<u> </u>
	ZZNOJ KISSINI	yec	. Florida 4	7474	6
	Cı	ity	 ,	Zip Code	
New Registered Agent's Signature, if changing R	egistered 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 608, 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 Agend Signature of New Registered Agent

Page 1 of 3

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

MGR = Manager

MGRM = Managing Member Type of Action **Title Address** Name MURM Josefina Muniz 2270 Tournament Ct & Add KISSIMMER FL. 34746 [Remove Remove Remove Remove

1
present Lin
 Signature of a member or authorized representative of a member Jose Fina Muniz

Page 3 of 3

Filing Fee: \$25.00