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COVER LETTER

TO:	Registrat Division				
		ER LLC			700
SUBJE	СТ:		Name of Lim	ited Liability Company	
The enc	losed Artic	cles of z	Amendment and fee(s) are sub-	mitted for filing.	<u>{</u>
Please re	eturn all co	orrespoi	ndence concerning this matter	to the following:	
			Nicholas A. Murdock		
				Name of Person	
			EIGER LLC	Day (Company)	
				Firm/Company	
			6105 N. WICKHAM	RD. Address	
			Melbourne, FL 32940	Address	
			izbi1618@gmail.com	City/State and Zip Code	
			E-mail address: (to be used for future annual report not	ification)
For furtl	her inform	ation co	oncerning this matter, please ca	all:	
Nichola	as A. Murd	łock		321 236-0813	
		Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclose	d is a chec	k for th	e following amount:		
■ \$2 5	.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)
		Registra	NG ADDRESS:	STREET/COUR Registration Section	on
			n of Corporations ox 6327	Division of Corpo Clifton Building	rations

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A	
TO ARTICLES OF OF OF	RGANIZATION
EIGER LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	vere filed on 05/23/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
IZBLLLC	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLLC."
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) B. If amending the registered agent and/or 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 provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is
If Chang	ing Registered Agent, Signature of New Registered Agent

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
Title	Nama	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			☐ Remove
			☐ Change
			
			☐ Remove

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ffective date, if other than the an effective date is listed, the date im ote: If the date inserted in this becoment's effective date on the l	block does not meet the	applicable statutory t	(option or more than 90 days after filing requirements, this	nal) filing.) Pursuant to 605,0207 date will not be listed as
e record specifies a delaye The 90th day after the re		ut not an effectiv	ve time, at 12:01 a	.m. on the earlier o
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February 6	2019	-		
	- · · · · · · · · · · · · · · · · · · ·	 		
February 6	Signature of a member		tive of a member	

Page 3 of 3

Filing Fee: \$25.00