

L17000155533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

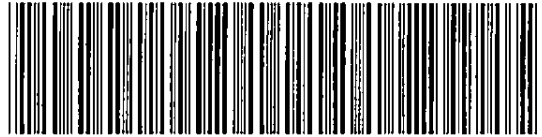
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 MAR 13 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 03/12/2024

Name: CHRIS

Reference #: 2297335

Entity Name: SHIGGY TECH, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFICATE OF STATUS UPON FILING

Authorized Amount: \$30.00

Signature: 

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHIGGY TECH, 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:

MICHAEL CHALHUB

Name of Person

SHIGGY TECH, LLC

Firm/Company

6800 BROKEN SOUND PARKWAY NW, SUITE 300

Address

BOCA RATON, FLORIDA 33487

City/State and Zip Code

mchalhub@blueteamcorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL CHALHUB 954 928-3870

at (954) 928-3870

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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~~TALLAHASSEE, FLORIDA~~

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If Changing 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BRYAN MEKLIR	6400 Park of Commerce Blvd.	<input type="checkbox"/> Add
		Boca Raton, FL 33487	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	BRYAN A. MEKLIR	6800 BROKEN SOUND PARKWAY NW, SUITE 300	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
S	MICHAEL CHALHUB	6800 BROKEN SOUND PARKWAY NW, SUITE 300	<input checked="" type="checkbox"/> Add
		BOCA RATON, FLORIDA 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 after the record is filed.

Dated March 12, 2024

M. A. C.

Signature of a member or authorized representative of a member

Michael Chalhoub

Typed or printed name of signee

Filing Fee: \$25.00