L17000210911

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COVER LETTER

	ortoise LLC							
SUBJECT: Name of Limited Liability Company								
d Articles of	Amendment and fee(s) are sub	mitted for filing.						
ı all correspo	ondence concerning this matter	to the following:						
	Wendy Ohlendorf							
		Name of Person						
	Ohlendorf, atelier							
		Firm/Company						
	2914 1/2 Beach Blvd. Sc	outh Ste. 1						
	·	Address						
	Gulfport/Florida 33707							
		City/State and Zip Code						
			(ention)					
			(Canon)					
nformation c	concerning this matter, please ca	all:						
lendorf		503 887-0925						
Name o	f Person	Area Code Daytime	Telephone Number					
a check for th	he following amount:							
Filing Fee	S30.00 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)					
	nformation of lendorf Name of a check for t	Articles of Amendment and fee(s) are sub- all correspondence concerning this matter. Wendy Ohlendorf Ohlendorf, atelier 2914-1/2 Beach Blvd. So Gulfport/Florida 33707 wendy@wendyohlendorf E-mail address: (information concerning this matter, please collendorf Name of Person a check for the following amount: Filing Fee \$30.00 Filing Fee &	Tiger & Tortoise LLC Name of Limited Liability Company I Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Wendy Ohlendorf Name of Person Ohlendorf, atelier Firm/Company 2914 1/2 Beach Blvd. South Ste. 1 Address Gulfport/Florida 33707 City/State and Zip Code wendy@wendyohlendorf.com E-mail address: (to be used for future annual report notif Information concerning this matter, please call: lendorf Name of Person a check for the following amount: Filing Fee \$\Bigcirc \$30.00 \text{ Filing Fee & Certified Copy} \$\Bigcirc \$55.00 \text{ Filing Fee & Certified Copy}					

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

Tiger & Tortoise LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records a Limited Liability Company)	<u>S.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L17000210911</u>	Company were filed on October 11, 201	7 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:	高量型
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.&"
Enter new principal offices address, if applicable:	·	P. P.
<u>(Principal office address MUST BE A STREET ADDI</u>	<u>RESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	`
		orida
	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.

If Changing Registered Agent, Signature of New Registered Agent

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action **Address** Title | Name | Jarod Fiedler 1005 26th St. N **AMBR** ■ Add St. Petersburg, FL 33713 _□ Remove ☐ Change □ Remove _□ Change _□ Remove _□ Change _□ ∧dd □ Remove ☐ Change _□ Add

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Effective date, if other fan effective date is listed, d Note: If the date inserted locument's effective date	ne date must be specif I in this block does	fic and cannot be prior not meet the applic	r to date of filing or n cable statutory filin	(opti fore than 90 days after g requirements, thi	r filing.) Pursuant to 60	5,0207 (ted as t
e record specifies a	delayed effecti the record is fi	i ve date; but no iled.	et an effective	time, at 12:01	a.m. on the earl	ier of:
The 90th day after						
The 90th day after January 5 Dated		2018	>			
The 90th day after	1	2018				

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