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SECRETARY OF STATE
ANTI AHASSEE, FLORIDA

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COVER LETTER

SUBJECT:	Jennifer Pigg	g MBA LLC		•	
Someon.		Name of Limit	ed Liability Company		 _
The enclosed	Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	all correspon	ndence concerning this matter to	the following:		
		Jennifer Pigg			
		Jennifer Pigg MBA LLC	Name of Person		
		3122 Umbrella Tree Drive	Firm/Company		
		Edgewater, FL 32141	Address		
		jenpiggmba@gmail.com	City/State and Zip Code		
or further in	formation co	E-mail address: (to neerning this matter, please cal	be used for future annual re	port notification)	
nnifer Pigg	Name of	Person	386 314- at ()		ne Number
		. 4.3541	The code	Daytine reception	ne Namoci
closed is a	check for the	e following amount:			
7 _{\$25.00} Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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Registration Section
Division of Corporations

TO:

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

Jennifer Pigg MBA LLC

(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears of ted Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Comparing document number L190000083051	any were filed on March	19, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:	:	
lennifer Pigg LLC			
he new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
Inter new principal offices address, if applicable:	·		
Principal office address MUST BE A STREET ADDRESS	2		<u> </u>
	 	<u></u>	19
		第6 会で	क्रि मा
nter new mailing address, if applicable:		SSE S	12
failing address MAY BE A POST OFFICE BOX)			₹ [[]
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If amending the registered agent and/or registered istered agent and/or the new registered office address l		ur records, <u>enter tl</u>	ne name of the
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida	street address	
		, Florida	
	City	·	Zip Code
Registered Agent's Signature, if changing Registered Age	ent:		

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any 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, 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>	Address	Type of Action
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n effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing requir	90 days after filing.) cments, this date:) Pursua will no	ant to 60 of be lis	05,0207 sted as
cument's effective date on the Department of State's records.	·			
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record specifies a delayed effective date, but not an effective time, a The 90th day after the record is filed.				
The 90th day after the record is filed. April 5				
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The 90th day after the record is filed. April 5	mber			

Page 3 of 3

Filing Fee: \$25.00