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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate:	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp	ction porations 🌤 📑 🐪	•				
• Tygra PPE,	LLC					
SUBJECT:	Name of Limi	ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Ruth Kim					
		Name of Person		- 10	2021	
	Tygra PPE, LLC				MAR.	•
		Firm/Company			29	i
		30 /	2021 MAR 29 PM 4: 03	1		
		Address		-mS Sm -	<del> </del> : (	
	Boca Raton, FL 33434				သ	
		City/State and Zip Code		_		
	ruth.y.kim@gmail.com					
		to be used for future annual report notifi-	cation)			
For further information of	oncerning this matter, please co	all:				
RUTH KIM		646 623-6787 at ( )				
Name o	f Person		Telephone Numbe	2r		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of St	atus &	
<u>Mailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Sec				
Division of Corporations P.O. Box 6327		Division of Corp The Centre of Ta				
Tallahassee, 1		2415 N. Monroe		810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

g as it now appears on our record ability Company)	<u>s.</u> )				
vere filed on July 30, 2020	and assigned				
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y Company," the designation "LLC	or the abbreviation "L.L.C."				
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	29				
	SOFT PROPERTY.				
	H: 03				
ddress on our records, <u>enter</u>	the name of the new regis				
Finer Florida street addre					
Little Florida Sirel data (55					
	lorida				
, F1	lorida Zip Code				
1	ity company here:  y Company." the designation "LLC				

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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	Signature of	ar inemi				repre:	, ,		membe	ır					
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Filing Fee: \$25.00