L21000089818

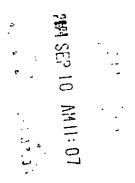
(Re	questor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

FO: Registration Sec Division of Corp			
Gigify, LLC	:		
SUBJECT.	Name of Limi	ted Liability Company	
	Amendment and fee(s) are sub-		
Please return all correspo	ndence concerning this matter t	to the following:	
	Gigi Paulin		
		Name of Person	
		Firm/Company	
	4842 Beresford Circle	Address	
	West Palm Beach, FL 3341		
		City/State and Zip Code	
	gigifylle.@gmail.com	to be used for future annual report notific	ation)
For further information c	oncerning this matter, please co	·	
Gigi Paulin		561 386-4524	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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)
Mailing Addres		Street Address: Registration Sect	ion

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gigify, LLC		<u></u>	
(Name of the Limited Liability (A Florida L	Company as it now appears on our r imited Liability Company)	(ecords.)	
The Articles of Organization for this Limited Liability Cor Florida document number L21000089818	mpany were filed on 02/23/2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here:		
Gigify Decor, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
•	41.		
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records,	enter the name of the new regist	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
 -	Cuy	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a	ınd agree to act in this capacity	v. I further agree to comply wit	

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, 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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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(If an et <u>Note:</u>	tive date, if other than the ffective date is listed, the date me. If the date inserted in this linent's effective date on the	oust be specific and cannot t block does not meet the	applicable statutory f	(option or more than 90 days after fi- iling requirements, this d	ling.) Pursuant to 605.0207 (3);
f the reco	ord specifies a delayed effect iled.	ive date, but not an effe	ctive time, at 12:01 a.	m. on the earlier of: (b)	The 90th day after the
	August 30	2021			
l barec	'		·		

D.

E.

Filing Fee: \$25.00

Typed or printed name of signee