

L21000271311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

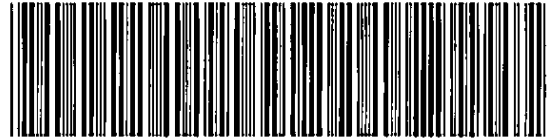
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600369574336

2021 JUL 20 PM 4: 52  
SECRETARY OF STATE  
TALLahassee, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tiger Capital, LL.

\_\_\_\_\_  
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:

Harrison L. Wittels

\_\_\_\_\_  
Name of Person

Tiger Tech Solutions, Inc.

\_\_\_\_\_  
Firm/Company

7811 S.W. 88th Terrace

\_\_\_\_\_  
Address

Miami, Flori

\_\_\_\_\_  
City/State and Zip Code

hl@tigertech.solutions

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

For further information concerning this matter, please call:

Harrison L. Wittels

305 799-8129

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

10-11-68

2021 JUL 20 PM 4: 52

SECRETARY OF STATE  
TALLAHASSEE, FL

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Tiger Capital Investments, LLC

**Enter new principal offices address, if applicable:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Enter new mailing address, if applicable:**

---

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

Florida

---

Civ

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**

**MGR = Manager**  
**AMBR = Authorized Member**

[illegible]

SECURITY OFFICE  
TALLAHASSEE, FL

SECRET  
STATE  
TALIAFERRO


2021 JUL 20 PM 4: 52

U

(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)

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 July 5th 2021

 Signature of \_\_\_\_\_

Signature of a member or authorized representative of a member

Harrison L. Wittels

Typed or printed name of signee

**Filing Fee: \$25.00**