## L21000271311

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## **COVER LETTER**

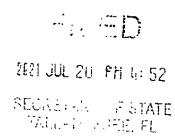
TO: Registration So Division of Cor			
Tiger Capi	ital, LL.		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Harrison L. Wittels		
		Name of Person	
	Tiger Tech Solutions, In	с.	
		Firm/Company	
	7811 S.W. 88th Terrace		
		Address	
	Miami, Flori		
	<del></del>	City/State and Zip Code	<del></del>
	hl@tigertech.solutions E-mail address: (	to be used for future annual report no	otification)
For further information c	concerning this matter, please c		,
Harrison L. Wittels		305 799-8129	
Name of Person		Area Code Dayti	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
Registration S	Section Corporations	Registration S	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tiger Capital LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited Liability Company	were filed on June 10, 2021	and assigned	
Florida document number L21000271311			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Tiger Capital Investments, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	address on our records, <u>enter th</u>	ne name of the new registered	
agent and/or the new registered office address here:			
All CALL DO NOT LAND			
Name of New Registered Agent:			
New Registered Office Address:			
	ent and/or registered office address on our records, enter the name of the new office address here:  Agent:  Enter Florida street address		
<del></del>	, Flor	ida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, and	Lam familiar with and	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

Title	Name	Address	Type of Action
		<del></del>	□Add
			□Remove
			□Change
			□Add
			□Remove
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ffective date, if other than t an effective date is listed, the date i ote: If the date inserted in this ocument's effective date on the	must be specific and block does not n	I cannot be prior t neet the applica	ble statutory fili	nore than 90 days at	t <b>ional)</b> ler filing.) Pursu his date will no	ant to 605.020 at be listed :	07 (3) is the
record specifies a delayed effect is filed.	nive date, but not	an effective tin	ne, at 12:01 a.m	on the earlier of:	(b) The 90th	day after th	e
July 5th		2021					
		·	· ·				

Filing Fee: \$25.00

Typed or printed name of signee