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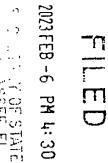
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## **COVER LETTER**

TO: Registration Sect Division of Corpo				
SUBJECT:	er Realty So Name of Lin	ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	Charle	Name of Person		
	Weisman.	+ Lohmann Pirm/Company	PLLC	
	1700 E Las	Olas Blud	y, Ste 20	<u>3</u>
	Fort Lauder	City/State and Zip Code  Of the tres are to be used for future angular	ous Com	
For further information con	cerning this matter, please ca		·	
Charleny Name of P	Suan	at ( <u>954</u> ) Area Code	995-49° Daytime Telepho	one 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:		Stroot Ad	droces	

TO:

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

# ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

liger Kealt	y Solutions LLC
( <u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/14/2021 and assigned
Florida document number <u>L21000448200</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
TIGER Real ES	State Solutions Group LLC ited Liability Company," the designation "LLC" or the abbreviation "LLC."
	ared Liability Company. The designation "LLC" or the aboreviation "LLC.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
	SSEE. OF ST
Enter new mailing address, if applicable:	लिंद ह
(Mailing address MAY BE A POST OFFICE BOX)	30
B. If amending the registered agent and/or registered	office address on our records, enter the name of the new registered
agent and/or the new registered office address here:	since the new registeree
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered	•

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

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>	<u>Address</u>	Type of Action
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effective date is li	sted, the date must be specified in this block d	pecific and cannot be	e prior to date of a	filing or more than	190 days after fil	ing.) Pursuant to 60:	5.0207 ted as
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