## L22000197982

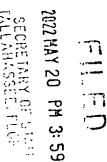
(Requestor's Name)
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PICK-UP WAIT MAIL
(Durings Fatt Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE
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## **COVER LETTER**

TO: Registration Sect Division of Corpo			
WCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	TO CHANNADE L. L. C.	•	•
SUBJECT: TIGERSHAI	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return all correspond	dence concerning this matter (	to the following:	
	David Becker		
		Name of Person	
		Firm/Company	
	809 SW 9th Ave	Address	
		Address	
	Cape Coral, FL 33991	<u>.</u>	
		City/State and Zip Code	
	DAVID@TIGERSHARKS	OLUTIONS.NET	•
	E-mail address; (t	to be used for future annual report notif	lication)
For further information co	ncerning this matter, please co	itt:	
DAVID BECKER		at ( <u>702</u> ) <u>281-6700</u>	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	tollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee SALES AND ALLER CONTRACTOR CONTRACTOR

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		
TO ARTICLES OF OF OF	RGANIZATION	and assigned
TIGERSHARK SUPPORT, L.I., C. (Name of the Limited Liability Company) (A Florida Limited Lie	as it now appears on our records.) billity Company)	P. O
The Articles of Organization for this Limited Liability Company w	vere filed on April 26,2022	and assigned
Florida document number <u>1.22000197982</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
TIGERSHARK SOLUTIONS, L.L.C.  The new name must be distinguishable and contain the words "Limited Liability".	y Company," the designation "LLC" or th	re 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)		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida , Florida	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 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
			🗀 Change
			□Add
			☐ Remove
			□Change
			□Remove
			[] Change
	-	[]Add	
			[]Remove
	<u></u>	☐ Change	
			∐Add
			[]Remove
			LlChange
			[] Add
			[]Remove

(If an et Note:	(optional) Tective date, if other than the date of filing:
the reco cord is f	rd 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 filed.
Dated	May 18
	Signature of a member or authorized representative of a member
	David Becker Typed or printed name of signee