L23 0000 510 70

Office Use Only



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COVER LETTER

	Registration Sed Division of Corp			`	
0110 F1323	,,,	FIGGERS H	OLDINGS LLC		
SUBJEC	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company		
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	turn all correspo	ndence concerning this matter	to the following:		
			Sonia Becerra		
•			Name of Person		
			Swyft Filings		
			Firm/Company		
			3 Greenway Plaza #1320	., 🖘	
Address					
			Houston, TX 77046	- 703 E23 - 707 E236	
			City/State and Zip Code		
			ggers87@gmail.com		
For furth	er information e	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	tification)	
	Sonia B	ecerra	at (877 777-	0450	
	Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed	is a check for th	ne following amount:			
X \$25.0	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Address: Registration S	ection	
Registration Section Division of Corporations			Division of Co		
	P.O. Box 632	27	The Centre of	Tallahassee	
	Tallahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIGGERS HOLDINGS LLC

(Name of the Limited L (A F	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document numberL23000051070	ity Company were filed on	01/27/2023	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	:		27
Principal office address MUST BE A STREET A	DDRESS)	그날	53 51
		[**.	. 31 -1
			· di ·
Catan many mailing address if applicables		•	
Enter new mailing address, if applicable:	~		<u>. 12</u>
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	1 · -	1
B. If amending the registered agent and/or regis		ecords, enter the nam	e of the new regi
Name of New Registered Agent:	Daniel Figgers		
No. Declared Office Address.	6705 Chelsea St		
New Registered Office Address:		ida street address	
	Pensacola	, Florida	32506
		, гюнаа	

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

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 = N	<u>d from our records:</u> Manager Authorized Member		
Title	Name	Address	Type of Action
			□Add
			Remove
			Change
-			□Remove
			Change
			Add □ Remove
			To □Change
			□Remove
			Change
			□Remove
			☐ Change
			□Add

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n effective date i <u>te:</u> If the date	if other than the d is listed, the date must be inserted in this blocative date on the Dep	ne specific and ca ck does not me	annot be prior to et the applica	o date of filing o ble statutory fi	more than 90 d ling requireme	_ (option a ays after fili ents, this da	ng.) Pursua	unt to 605.02 ot be listed
ecord specifies is filed.	a delayed effective	date, but not ar	n effective tin	ne, at 12:01 a.r	n. on the earli	er of: (b)	The 90th	day after th
ted	101			rized representat	-			
X		VI II /						