

3/31/23, 4:00 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

6230001224143

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MIACCOUNTING CO

Account Number : 120220000131

Phone : (305)610-2704

Fax Number : (305)647-6040

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JIGARSON LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 07 |
| Estimated Charge | \$25.00 |

COVER LETTER

(((H23000122414 3)))

TO: Registration Section
Division of Corporations

SUBJECT: JIGARSON LLC
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:

GIORGI TKEMALADZE
Name of Person
JIGARSON LLC
Firm/Company
419 N FEDERAL HIGHWAY, APT 202
Address
HALLANDALE BEACH, FL 33009
City/State and Zip Code
info@miaccounting.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(((H23000122414 3)))

JIGARSON LLC

(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 01/31/2023 and assigned
Florida document number L23000056920.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

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 Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager
AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|-------|-------------------|---------------------------------------|--|
| AMBR | GIORGI TKEMALADZE | 419 N FEDERAL HIGHWAY, APT 202 | <input type="checkbox"/> Add |
| | | HALLANDALE BEACH, FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | GURAM GVANIA | 1333 E HALLANDALE BEACH BLVD, APT 430 | <input checked="" type="checkbox"/> Add |
| | | HALLANDALE BEACH, FL 33009 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MARCH, 31 2023

Signature of a member or authorized representative of a member

GIORGI TKEMALADZE

Typed or printed name of signee

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