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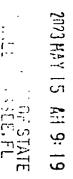
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COVER LETTER

TO: Registration Se Division of Cor		
TIGARR I	LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Oscar Estigarribia	
	Name of Person	
	Tigam LLC	
	Firm/Company	
	7271 Via Palomar	
	Address	
	Boca Raton, Florida 33433	
	City/State and Zip Code oscar@estigarribia.net	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Oscar Estigarribia	561 212 5587 at ()	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & ☐ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status &

Mailing Address:

TO:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TIGARR LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on February 20, 2023 and assigned	xi
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C.	71
Enter new principal offices address, if applicable:	7271 Via Palomar	
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton, Florida 33433	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7271 Via Palomar Boca Raton, Florida 33433	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new re	gistere
Name of New Registered Agent:		
New Registered Office Address:	Enser Florida street address	
	, Florids	
·	City 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 out records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CLAUDIA T. BOBADILLA	7271 Via Palomar, Boca Raton, FL 33433	≅Add
			□ Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
			Remove
			Change
			Remove
			☐ Change
			□Add
			Remove
			□ Change
			Remove 135 3

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	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
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Note: If	date, if other than the date of filing:	207 (3)(b) as the
e record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
Dated	MY 97# 2023 Signib-1:	
	Signature of a member or authorized representation of a member	

Filing Fee: \$25.00

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