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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BIGGG Talent & Services, 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:
BRIAN M. ORDONEZ Name of Person
BIGGG Takent & Services, LLC
14311 Biscayne Boulevard #1523
North Miami FL 33181
North Migmi FL 33181 City/State and Zip Code email biggs brian @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Brian Ordonez at (813) 431 - 3432 Name of Person at (813) Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy (additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BIGGG TAL	ENT & SERV	ICES, LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears of Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L</u> <u>3</u> 300012340中 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limit		A Commen	Fandassigned 20 First D
The new name must be distinguishable and contain the words "Limite Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDREST)		gnation "LLC" or the abbro	viation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name (</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florido	a street address	
		, Florida	
	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 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>	Address	Type of Action
MGR	Brian Ordonez	14311 Biscayne Blvd #1523	iXadd
		North Miami, FL 33181	/ □Remove
		 	□Change
AMBR	Brian M. Ordonez	14311 Biscayne Blud #1523	X\dd
		North Miami, FL 33181	□Remove
			□Change
			
			□Remove
			□Change
			□Remove
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(If an eff	ive date, if other than the date of filing:
he recor	d 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 led.
Dated	April 17 . 2023.
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00