8/29/23, 9:07 AM

To:

Division of Corporations

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(((H23000299784 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

\*\*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 GIGTS HOME IMPROVEMENT LLC

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## **COVER LETTER**

Division of Cor			
GIŒÏS HO	OME IMPROVEMENT LLC	•	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
101 N Brand Blvd 11th Fl			,
		Address	<del> </del>
	Glendale, CA 91203		
	gigibegorgeous@gmail.com	City/State and Zip Code	
	• • • • -	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please or	nil.	
Cheyenne Moseley		800 773-0888 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Τo.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GIGI'S HOME IMPROVEMENT LLC			
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.23000294516	were filed on	and assigned	
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 Liabi	lity Company," the designation "LLC" or the abt	reviation "L.L.C"	
Enter new principal offices address, if applicable:	5689 Broadway		
Principal office address MUST BE A STREET ADDRESS)	#1f61		
	Bronx, NY 10463		
Enter new mailing address, if applicable:	5680 Broadway		
Mailing address MAY BE A POST OFFICE BOX	#1161		
	Bronx, NY 10463		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	· · · · · · · · · · · · · · · · · · ·	he name of the	
Name of New Registered Agent:		,	
New Registered Office Address:		رد '	
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	7.5	
	, Florida	ю	
	City .	'Zip Code' Co	

## 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 = Manager AMBR = Authorized Member

Τo

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SEGURA, ANTHONY		Add
		5680 Broadway, #1161 Bronx, NY 10463	■ Change
			Add
			П Remove
			□ Change
			Add
			□ Remove
			Change Change
			Add
			□ Remove
			☐ Change
<del></del>			
			Remove
			☐ Change
<del>*************************************</del>			
		- · · · · · · · · · · · · · · · · · · ·	Remove
			Change

(b) The 90th day after the record is filed.

Dated _	August 22"	2023
		/\u
		Signature of a member or authorized representative of a member
	Anthony Segura	
		Lyped or printed name of signee

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Filing Fee: \$25.00