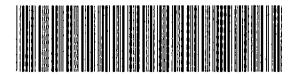
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(Requestor's Name)
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Y. SCOTT 0CT - 8 2023

COVER LETTER

TO: Registration S Division of Co				
BIGARO SUBJECT:	COLLECTION LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	CRISTIAN A MELLA MA	ARQUEZ		
		Name of Person		
		Firm/Company		1 - 1
	10107 ANCORA CIRCLE	E APT 1231		914 SEP 2
		Address		
	ORLANDO, FL 32821			coxec 5 PM
	mellarxtz@gmail.com	City/State and Zip Code		coeforktion 5 PM 3: 28
		to be used for future annual report noti	fication)	CO 7-
For further information	concerning this matter, please c	all:		
CRISTIAN A MELLA	MARQUEZ	407 371-2076 at (_)		
Name	of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Ser Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recor Liability Company)	<u>(ds.</u>)	
The Articles of Organization for this Limited Liability Company	y were filed on <u>SEPTEMBER</u> B	8. 2023 and assigned	
Florida document number 1.23000432821			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
BIGARO COLLECTION LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LL	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		22.75	
(Principal office address MUST BE A STREET ADDRESS)		202)	
		SE SECOND	
		07 C	
Enter new mailing address, if applicable:		-n 07/m	
(Mailing address MAY BE A POST OFFICE BOX)		II 025 025 0 27	
		Tron 1 28	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
_	Emer Florida street address		
		lorida	
	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> Fitle</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□Change
			🗆 Add
			□Remove
			Change Change Side RETHRETHER CREMOVE CREMOVE CREMOVE
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Tective date, if other than the one effective date is listed, the date must te: If the date inserted in this block tument's effective date on the Department.	be specific and cannot ck does not meet th	e applicable	ate of filing or a	nore than 90 days	optional) after filing.) Pursu , this date will n	nant to 605.02 not be listed
ecord specifies a delayed effective s filed.	date, but not an eff	ective time.	at 12:01 a.m	on the earlier o	f. (b) The 90th	i day after th
September 21	. 202					
ally	ignature of a member					 .