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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Continued Consider
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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6/21/24 K4

COVER LETTER

TIGRIS HO	DLDINGS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
SAEED HAYDER		at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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 radditional 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

ability Company as it now appears on or orida Limited Liability Company)	ir records.)
ty Company were filed on FEBRUA	aRY 28, 2024 and assigned
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<u>;</u> :	
limited liability company here:	
Limited Liability Company," the designat	ion "LLC" or the abbreviation "L,L,C,"
ODRESS)	
	
ered office address on our record-	s, enter the name of the new regist
<u>re</u> :	enter the name of the new regime
Enter Florida stre	et address
	Plant L
City	, Florida
2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	y Company were filed on FEBRUA Elimited liability company here: Limited Liability Company," the designate of the designate

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
мем	ABDULLAH BUSINESS TRUST	28638 CORBARA PL	
		ZEPHYRHILLS, FL 33543	= Remove
			☐ Change
			Add
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ective date, if other than the	date of filing:		(optional)	
effective date is listed, the date must	be specific and cannot be price		an 90 days after filing.) Pursuant	
te: If the date inserted in this blo cument's effective date on the De	ck does not meet the appl partment of State's record	icable statutory filing requise.	airements, this date will not b	e listed as
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cord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th da	v after the
s filed.			•	
Nt 20	2024			3
May 20		·		•
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(11/000	HOTEL.			-
	Signature of a mambar or our	harized representation of a	ambar	_
	Signature of a member or aut	horized representative of a n	nember	_ :

Filing Fee: \$25.00