

11/20/24, 8:31 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L24000480770

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****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
TIGERLILY NUTRITION LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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K. SALY

NOV 22 2024

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is: TIGERLILY NUTRITION LLC

SECOND: The Florida Document number of the limited liability company is: L24000480770

THIRD: Document to be corrected is: Articles of Organization

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Principal & Mailing address: 1314 E Las Olas Blvd, Unit #2585, Fort Lauderdale, FL 33301

Effective date: 01/01/2025

OR

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

- ☐ The electronic transmission of the record was defective.

Robin Jones
Signature of Authorized Representative

11/21/2024
Date

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

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.

David Roberts
Registered Agent's Signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

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