

L12000077629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

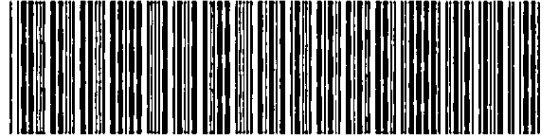
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Get Ideas, 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:

Ana S. Dones

Name of Person

Get Ideas, LLC

Firm/Company

6303 Blue Lagoon Dr. Suite 400

Address

Miami, Florida 33126

City/State and Zip Code

ana@getideas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana S. Dones

Name of Person

at (954)

Area Code

478-9963

Daytime Telephone Number

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TALLAHASSEE, FL.

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Enclosed is a check for the 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 Address:

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

Get Ideas, LLC

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>	<u>Type of Action</u>
MGR	Get Ideas Holdings, LLC	4917 SW 136 Terrace	<input type="checkbox"/> Add
		Miami, FL 33027	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA S. Dones	6303 Blue Lagoon Drive	<input checked="" type="checkbox"/> Add
		Suite 400	
		Miami, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 20, 2022

Signature of a member or authorized representative of a member

A_{NP} Sofia Dones

Typed or printed name of signee