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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2022 OCT 25 PH 1: 32 SECRETARY OF STATE

COVER LETTER

O: Registration So Division of Cor					
SUBJECT:	set Idea	es. LLC			
SUBJECT:	Name of Lim	ited Lifability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ANA	S, Dones			
	Get	Ideas, LLC Firm/Company			
	6303 B	lue LASOUN Dr.	Suitey	100	
		Address	-	. ~1	
	Miani,	Florida 33. City/State and Zip Code Idea S. Com to be used for future annual report notifica	126	2022 OCT 25 PM 1: 32 SECRETARY OF STATE TALLAHASSEE, FL	GE:
		City/State and Zip Code		LA ETZ	<u>=</u>
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ANA S.	Dones	$\underbrace{ \text{at} \left(\frac{9 \le 9}{\text{Area Code}} \right) \qquad 47}_{\text{Daytime T}}$	P-9963	- m ~	
Name o	f Person	Area Code Daytime T	elephone Number		
Enclosed is a check for the	he fallowing amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filit	ia Roe	
tes \$25.00 rating rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate Certified C	of Status &	
Mailing Addres		Street Address:			
Registration S Division of C		Registration Section Division of Corpo			
P.O. Box 632		The Centre of Tal			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ny as it now appear liability Company) were filed on	6/12/20	12_a	nd ass	igned
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address on our r	ecords, enter the	name of t	he nev	v register
Enter Flor	ida street address			
City	Florid) Code	
	address on our re	address on our records, enter the	address on our records, enter the name of t	address on our records, enter the name of the new Enter Florida street address Florida Florida Florida

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>Title</u>	Name	Address	Type of Action
MGR	Get Ideas Holdings, LLC	- 4917SW 136 Terrace	□Add
		Minamar, F1. 33027	ERemove
r.	n .		□Change
MGR	ANA S. Dones	6303 Blue LAgon Drin	re MAdd
		Miani, F1. 33126	
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effective date is listed, the date must be spece: If the date inserted in this block doc	citic and cannot be	prior to date	of filing or mo	e than 90 days	after filing.) Pu	irsuant to 60 I not be li	05.020 sted a
rument's effective date on the Departme	ent of State's rec	ords.		·			
cord specifies a delayed effective date.	but not an effect	ive time, at	12:01 a.m. oi	the earlier o	f: (b) The 9	Oth day af	ter the
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