## L1600051359

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>&gt;</del> #)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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No. TARRIE

## **COVER LETTER**

TO: Registration Solvision of Co.		·	
MIGO L SUBJECT:	LC		
SUBJECT:	AIGO LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  MICHAEL GOLDBERG CPA  Name of Person  MICHAEL GOLDBERG PA  Firm/Company  16855 NE 2ND AVENUE SUITE 303  Address  NORTH MIAMI BEACH, FL 33162  City/State and Zip Code  mikegoldbergcpa@aol.com  E-mail address: (to be used for future annual report notification)  nation concerning this matter, please call:  DBERG CPA  Name of Person  Area Code  Daytime Telephone Number		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MICHAEL GOLDBERG	CPA	•
		Name of Person	<u> </u>
	MICHAEL GOLDBERG	PA	
		Firm/Company	
	16855 NE 2ND AVENUE	SUITE 303	
	<u> </u>	Address	<u></u>
	NORTH MIAMI BEACH,	, FL 33162	
		City/State and Zip Code	
		•	ication)
For further information of	oncerning this matter, please ca	all:	
MICHAEL GOLDBERG CPA		at ( )	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIGO LLC		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	03/11/2016	and assigned
Florida document numberL16000051359		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	·
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the abbr	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>
		<u> </u>
·		5 5
Enter new mailing address, if applicable:		ष्ट्र जि
(Mailing address MAY BE A POST OFFICE BOX)	rn c	3 3 11
		-
		. Oi
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter th	ne name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Enter Fi	lorida street address	
	, Florida	·
City		Zin Codo

## 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
MGR	GREY GORNDT JR	125 SOUTH STATE ROAD 7	
		#104-245	■ Remove
		WELLINGTON FL 33414	
AMBR	GREY R GORNDT	125 SOUTH STAE ROAD 7	■ Add
		#104-245	
		WELLINGTON FL 33414	☐ Change
			□ Add
			Remove
		Change	
			Remove
			☐ Change
			Remove
			Remove  Change
<del></del>			□ Add
			Remove
		_	□ Change

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ective date, if other than the date of fine effective date is listed, the date must be specific te: If the date inserted in this block does not be current's effective date on the Department.	and cannot be prior to date of filing ot meet the applicable statutory of State's records.	filing requirements, thi	r filing.) Pursuant to s date will not be	listed
record specifies a delayed effectiv	e date, but not an effecti			
record specifies a delayed effectiv he 90th day after the record is file	e date, but not an effecti ed.			
he 90th day after the record is file	e date, but not an effectied.			
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he 90th day after the record is file ed	ed.		SECUE IN TALL SHAPE	
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Filing Fee: \$25.00