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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

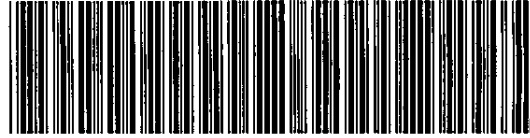
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MIGO 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:

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)

For further information concerning this matter, please call:

MICHAEL GOLDBERG CPA at (305) 651-0400
Name of Person Area Code Daytime Telephone Number

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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	GREY GORNDT JR	125 SOUTH STATE ROAD 7	<input type="checkbox"/> Add
		#104-245	<input checked="" type="checkbox"/> Remove
		WELLINGTON FL 33414	<input type="checkbox"/> Change
AMBR	GREY R GORNDT	125 SOUTH STAE ROAD 7	<input checked="" type="checkbox"/> Add
		#104-245	<input type="checkbox"/> Remove
		WELLINGTON FL 33414	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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 AUGUST 12, 2016

Michael Goldberg
Signature of a member or authorized representative of a member

MICHAEL GOLDBERG CPA

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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S. H. G. P.