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A. BUTLER
JAN 27 2022

COVER LETTER

Division of Corporations
SUBJECT: MIGS IMPORTS 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:
MIGUEL TORRES-DIAZ Name of Person
Name of Person
MIGS IMPORTS LLC Finn/Company
Firm/Company
102 BLACKSTONE CREEK RD Address
Address
GROVELAND, FL 34736 City/State and Zip Code
300 m = -1, 1000
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MIGUEL TORRES - DIAZ at (954) 646 - 4717 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certified Copy (additional copy is enclosed) \$\Bigcup \$ Certified Copy
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section
District CC. 1

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIGS IMPOR	ITS ILC
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) Ja Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L/60009878</u>	Company were filed on 5/20/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code

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>	<u>Name</u>	Address	Type of Action
MGR	MAGDIEL GARCIA	102 BLACKSTONE CEK	RDINAdd
		GROVELAND, FL 34	<u>YY</u> □Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

(If an e Note:	tive date, if other than the date of filing:
ne reco	rd 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 filed.
Dated	JANUARY 13 1, 2022
	Signature of a member or authorized representative of a member
	Marie Topper-DIAT
	MIGUEL TORRES—DIAZ Typed or printed name of signee