

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000331662 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Cor		- >
	Fax Number	: (850)617-6383	<b>ر</b>
			י ר ני
From:			·.)
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	.)
	Account Number	: I2 <del>0000000</del> 019	ر ر
	Phone	: (305)552-5973	
	Fax Number	: (305)675-5944	-
			•
	the email address	s for this business entity to be used for future	
• • Enter	The email addres	S TOP CHIS DUSTRIESS encley of the set of th	ند ا
ani	nual report maili	ings. Enter only one email address please.**	

Email Address:\_



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIGA REALTY LLC

U
0
04
\$25.00

Y SULKER SEP 2 4 2020

Help

09/24/2020 13:40 3052201440

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION
OF
MIGA REALTY LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on04/07/2020 and assigned
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
MIGDALIA VIERMA LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address
. 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

-

Title	Name	Address	Type of Action
			🗆 Add
			🗌 Remove
			🗋 Change
			[]Add
			Change
			🗋 Add
			🗆 Remove
			Change
			🖸 Add
			🗋 Remove
			[]Change
			[] Add
			🗆 Remove
			🗅 Change
			🗅 Add
			Change

. .

٠

.

.

	<u> </u>		·			<b>_</b>
					,,,	<u> </u>
	<u> </u>		<b>__</b>			
·						<b>_</b>
		<u> </u>				
	,,,,,,,					
			,			<u> </u>
		<u> </u>				··
_,	<u> </u>	·			· • ·	
					······	
	·			·		
tive date, if other th	an the date of fili	ing:		(n	otional)	
ffective date is listed, the if the date inserted in	date must be specific a	and cannot be prior	to date of filing or n	nore than 90 days a	fter filing.) Pursuan	t to 605.

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	SEPTEMBER 20		,	·		
		Po				
	Signature of a member or authorized representative of a member					<u></u>
		у	IIGDALIA VIER	RMA		
	- <u>-</u>		Typed or p	rinted name of si	gnec	••••••••••••••••••••••••••••••••••••••