

121 000 124 276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

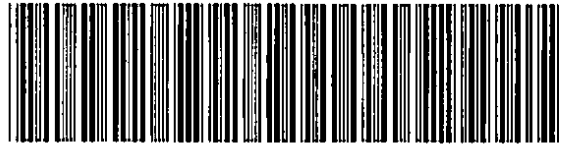
(Business Entity Name)

(Document Number)

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A. BUTLER

JAN 10 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amigo-MGA Florida, 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:

Jamisha Shaw West

Name of Person

Amigo-MGA, LLC

Firm/Company

PO Box 879

Address

Pine Lake, GA 30072

City/State and Zip Code

jshaw@amigo-mga.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jamisha Shaw West

404 388-7581
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

044070 42 1016 00

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

June 1, 1964, FL^{1E}

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:

1100 N Olive Ave

Enter new mailing address, if applicable:

PO Box 1084

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:

Enter Florida street address

_____, Florida
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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

[illegible]

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 December 10, 2021

Jamisha Shaw West
Signature of a member or authorized representative of a member

Jamisha Shaw West

Typed or printed name of signee

Filing Fee: \$25.00