

L23000099347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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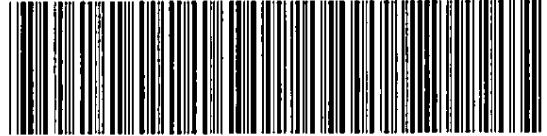
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

MGA ASSOCIATES & IDEA, LLC

SUBJECT: _____
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:

Marcus Abreu

Name of Person

MGA ASSOCIATES & IDEA, LLC

Firm Company

10330 SW 42 TERR

Address

Miami, FL 33165

City, State and Zip Code

mgassoc@earthlink.net

(For filing only, to be used for future annual report notification)

For further information concerning this matter, please call:

Marcus Abreu

786

525-4880

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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VIVA ASSOCIATES & IDEAL 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 on 02/24/2023 and assigned
Florida document number 12300049047.

This amendment is submitted to amend the following:

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

The new name shall be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent Signature, if Changing Registered Agent:

I hereby accept my appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of the statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to change the registered office address, I hereby confirm that the limited liability company has not been dissolved or otherwise terminated.

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 in the table below:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Michael Moore	6130 SW 42 Terr Miami FL 33165	☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

[illegible]

(If an effective date is stated, the date must be specific and must be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the document 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.

Ap 5 2023
Dated _____

Handwritten signature

Signature of a member or authorized representative of a member

Marcus Abreu
Printed or typed name of signee

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STATE
DEPT