L23000099347

(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

COVER LETTER

TO: Registration Section
Division of Corporations

MIGA 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

MIGA ASSOCIATES & IDEA, LLC
Firm/Company

10330 SW 72 TERR
Address

Miami, FL 33165
City/State and Zip Code

migaassociates@gmail.com
(Email address may 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:

☒ $35.00 Filing Fee

☐ $60.00 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

V[illegible] & IDEA, 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 L23000190347.

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 must 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)

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TALLAHASSEE, FLORIDA

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

City, Florida 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 change the registered office address, I hereby confirm that the limited liability company has authorized this registered agent to act.

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 these fields:**

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	[illegible]	[illegible] sw 42 Terr Miami FL 33165	
			☐Add
			☐Remove
			☒Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
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			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

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STATE
FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(If an effective date is specified, the date must be prior to or not 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, is not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated Apr 13 2023

Signature of a member or authorized representative of a member

Marcus S. Abreu

Typed or printed name of signee

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