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COVER LETTER

TO: Registration Solution of Col			
SUBJECT:	IGA Manag	ement LLC.	
	Name of Line	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	lei 0	lys Conzalez.	
	LGA Ma	anagement ILC	
	10013 Hamr	Macks Blud #103	
		Mami, FL 3319 City/State and Zip Code	<u>(-</u>
	MSisturain 21 6 E-mail address: (1	amail, wm. o the used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	tt:	
Higul of Name of	l. Sastarain	at (<u>786</u>) <u>612 - 7</u> Area Code Daytimo	3438 . Telephone Number
Enclosed is a check for t	he following amount:		
81 \$25.00 Filing Fee	S30.00 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 of C	Section Corporations	Street Address: Registration Sec Division of Cor	porations
P.O. Box 632	2.7	The Centre of T	ananassee

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LGA Manage m	iv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company of Florida document number 12400073153 .	02/2/24
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9760 AITIS Cir. S. MPT 16-104 Hieleah, FL 33018 =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	V 21 PH 5: 1
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: New Registered Office Address: 9760	Sturain, Lliquel E ALTIS CIV S. APT 16-104. Enter Florida street address Hialeal Florida 33018. 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 duffirm that the limited liability company has been notified in writing of this change.

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 from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Leidys Conzalez	10018 Hammals Blvd#103	□ Add
	•	Miami, Fl 33196.	[]Remove
			□Change
<u>AMBR</u>	Miguel E. Sasturain	9760 ALTIS Cir S #16-104 Hidlah, FL 33019.	tDAdd
	V	Hialiah, FL 33019.	DRemove
			(Change
			□Add
			□Remove
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lan ef <u>Sote:</u>	ive date, if other than the date of filing:
	d 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 led.
Dated	November 12 2024.
	The state of the s
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00



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Detail by Entity Name

Florida Limited Liability Company LGA MANAGEMENT LLC

Filing Information

Document Number

L24000073953

FEI/EIN Number

NONE

Date Filed

02/09/2024

Effective Date

02/09/2024

State

FL

Status

ACTIVE

Principal Address

10018 HAMMOCKS BLVD

103

MIAMI, FL 33196

Mailing Address

10018 HAMMOCKS BLVD

103

MIAMI, FL 33196

Registered Agent Name & Address

GONZALEZ, LEIDYS, MRS.

10018 HAMMOCKS BLVD

103

MIAMI, FL 33196

Authorized Person(s) Detail

Name & Address

Title MGR

GONZALEZ, LEIDYS, MRS. 10018 HAMMOCKS BLVD #103 MIAMI, FL 33196

Annual Reports

No Annual Reports Filed

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Detail by Entity Name

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