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COVER LETTER

Division of Co	orporations				
SUBJECT:	Amira Interp	reting Services, LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fec(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Amira Griffith Name of Person			
		Firm/Company		28	
		5002 Downing St		2012 HAY -3 JEUSE JAN TALLAHASS	
		Orlando, FL 32839 City/State and Zip Code		100 PE 10	
	E-mail address: (niragriffith@gmail.com to be used for future annual report notifica	ation)	RIE S	
For further information	concerning this matter, please o	call:			
	amira Griffith of Person	at (407) 7 Area Code & Daytime	60-3509 Felephone 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)	Certified C	of Status &	
	LING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Amira Inte (<u>Name of the Limited Liabili</u> (A Florida	erpreting Services, I ity Company as it now appe a Limited Liability Company	LLC ars on our records.))		
The Articles of Organization for this Limited Liability Florida document numberL10000018406	Company were filed on	2/17/2010	a	and assi _k	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited liability company he	ere:			
A	miraCorp, LLC				
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Comp	pany," the designation	n "LLC" (or the ab	breviation
Enter new principal offices address, if applicable:				7-5	
(Principal office address MUST BE A STREET ADD	DRESS)		E	F-33	
				,C)*	1 [
			ya.	ယ်	3
Enter new mailing address, if applicable:			L. Car	<u></u> 0	4 TW 10 1
(Mailing address MAY BE A POST OFFICE BOX)					200000
Managaman Barri Gar Grand Borry			<u> </u>		
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, ent	er the na	ame of	the new
Name of New Registered Agent:					
New Registered Office Address:	····· <u>·</u>				
	E	nter Florida street	address		
A	, Florida				
	City		Zip	o 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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> Address **Type of Action** MGB ☐ Add Remove ☐ Add Remove ☐ Add Remove ನ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Bussiness name: GmiF5th Co. GRIF5th CO. Dated Appul 2012. Signature of a member or authorized representative of a member Amira Greiffith Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00