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Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)389-0502

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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P.O. Box 6327

Tallahassee, FL 32314

COVER LETTER

TO:	Registration S Division of Co			
SUBJEC		. IMMIGRATION ATTORNE	YS. PLLC	
30001.0	- 1 ·	Name of Lin	nited Liability Company	
The enclo	osed Articles of	f Amendment and fee(s) are sul	penitted for filing	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
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	Registr	ING ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	n e e e e e e e e e e e e e e e e e e e

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

LegalZoom.com, Inc.

GLOBAL IMMIGRATION ATTORNEYS, PLLC		•
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reconnability Company)	<u> </u>
he Articles of Organization for this Limited Liability Company lorida document number 1.23000176736	were filed on (4/10/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LL	C" or the abbreviation "[].
Enter new principal offices address, if applicable:		()
Principal office address MUST BE A STREET ADDRESS)		
		()
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off egistered agent and/or the new registered office address here	fice address on our record :	ls, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address.		
	Enter Florida strevi addre	u ·
	FI	lorida
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent and agre rovisions of all statutes relative to the proper and complete p eccept the obligations of my position as registered agent as p eing filed to merely reflect a change in the registered office a ompany has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
7/5	Non-Devictored Count Warnet	aCV

From: Laura Rodriguez

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

2023-06-13 08:58:41 PDT

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	LECZANO, NIOMARA		
		7514 SAVANNAH GRAND AVE APT 3204 WINTER PARK, FL 32792	■ Remove
			Change
AMBR Xiomani Lercano	Xiomara Lezcano	1622 Swann Ave Orlando, FL 32809	🗃 A dd
			□ Remove
			Change
			🗆 Add
			Remove
F			Change
			🖸 Add
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			Change
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