P0/000005025

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Amend 06/23/11

COVER LETTER

TO: Amendment Section .Division of Corporations

NAME OF COR	PORATION: INTERNA	HONAL IMMIGRATION A	5515 I ANCE, IN			
DOCUMENT NU	UMBER:	P01000005025				
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.				
Please return all co	orrespondence concerning th	is matter to the following:				
		XIMENA LOPEZ				
	1	Name of Contact Person				
	INTERNATIONAL	IMMIGRATION ASSISTANCE	, INC			
		Firm/ Company				
	6289 W SUNRISE BLVD. SUITE #114					
	Address					
SUNRISE, FL. 33313						
	C	City/ State and Zip Code				
_	xime E-mail address: (to be use	elo12@aol.com ed for future annual report notification)				
For further inform	ation concerning this matter,	please call:				
	(IMENA LOPEZ	u· \	85-8283			
Name	e of Contact Person	Area Code & Daytime Te	lephone Number			
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:			
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing A		Street Address				
Amendmer			Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building				
	e, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

INTERNATIONAL IMMIGRATION ASSISTANCE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P	01000005025			
(Document N	Number of Corporat	ion (if known)		
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this <i>Florida Profi</i>	it Corporation adop	ts the following
A. If amending name, enter the new nam	e of the corporatio	on:		
	N/A			The new
name must be distinguishable and contai abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C	orp," "Inc," or "Co"	. A professional co	
B. Enter new principal office address, if a	pplicable:	N/A		
(Principal office address <u>MUST BE A STR</u>	EET ADDRESS)		<i>>.</i> 5	
				See way
			<u> </u>	. 5
C. Enter new mailing address, if applica	ble:		\$3	0
(Mailing address MAY BE A POST OF		N/A	<u> </u>	E II
				9
D. If amending the registered agent and/o new registered agent and/or the new re-			nter the name of th	<u>e</u>
Name of New Registered Agent:	N/A			
	N/A			
New Registered Office Address:	(Flori	ida street address)		
	N/A		, Florida N/A	
	(City)	C	Zip Code)	
New Registered Agent's Signature, if char I hereby accept the appointment as registere			ne obligations of the	position.
I hereby accept the appointment as registere	d agent. I am fami	iliar with and accept th	ne obligations of the	position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	Address	Type of Action
DO	LAURA XIMENA GALVEZ	8204 NW 74 Avenue Tamarac.	Add Remove
			_
### T T T T T T T T T T T T T T T T T T			_
(attach ad ARTICLE NAME: LA	ding or adding additional Articles, enter dditional sheets, if necessary). (Be spec NUMBER 6 : Add Director/Officer AURA XIMENA GALVEZ LOPEZ S: 8204 NW 74 AVENUE, TAMARA	ific)	
F 16			
provisio	nendment provides for an exchange, re ons for implementing the amendment if		
(if n	ot applicable, indicate N/A)		
N/A			
	,		
	'		
			

The date of each amendmen	t(s) adoption:	06/18/2011		
Effective date <u>if applicable</u> :	N/A	(date of adop	otion is required)	
•••	(no more tha	n 90 days after am	endment file date)	
Adoption of Amendment(s)	Œ	CHECK ONE)		
The amendment(s) was/we by the shareholders was/w			The number of votes car	st for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the am	nendment(s) was/w	ere sufficient for appro	val
by			."	
•	(voting group)		
 The amendment(s) was/we action was not required. ✓ The amendment(s) was/we action was not required. 				
Dated_06/1	Dui	o uses 9	logez	
sel	ected, by an inc		ker — (f drectors or off ne hands of a receiver, t /)	
		XIMEN	IA LOPEZ	
	(Typed or printed r	name of person signing)	
		DIR	ECTOR	
	(Title	e of person signing	g)	