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(Document Number)	
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COVER LETTER

' TO:

то:	Registration S Division of Co			
SUBJE	SUBJECT: INTERJURIS MIAMI PLLC			
		Name of Lim	ited Liability Company	_
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please r	eturn all corresp	ondence concerning this matte	r to the following:	
		JO:	SE O. FRAGA-RAMIREZ	
			Name of Person	
	INTERJURIS MIAMI PLLC			
			Firm/Company	
	848 BRICKELL AVENUE, PH 1			
			Address	
			MIAMI, FL 33131	mone).
	City/State and Zip Code			
		JFR/	AGA@INTERJURIS.NET (to be used for future annual report notification)	
For furt	her information of	concerning this matter, please	·	T-3 RH
	JOSE O.	FRAGA-RAMIREZ	at (305) 358-0405	
	Name	of Person	Area Code & Daytime Telephone Nu	mber
Enclose	d is a check for t	he following amount:		
□ \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	D Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	JURSI MIAMI PLLO		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appe a Limited Liability Company	<u>ars on our records.</u>)	
The Articles of Organization for this Limited Liability Florida document numberL100000□40□1	Company were filed on	JUL□ 13, □010 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company ho	ere:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Com	pany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	DRESS)	2 . 2 .	
Enter new mailing address, if applicable:		HASS	
(Mailing address MAY BE A POST OFFICE BOX)		रिक्र 🐺 📆	
		5 ★ 3	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		our records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 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 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	Name	Address	Type of Action
MGR	PROF.LEGAL BILLING SVI	848 BRICKELL AVENUE PH 1 MIAMI, EL 33131	Add Remove
			Add Remove
			Add Remove
			Add Realize
			☐Add ☐Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary)	-
			-
Dated	SEPTEMBER 14 01	J+ 2.	
•	JOSE O.	authorized spresentative of a member FRAGA-RAMIREZ printed name of signee	

Page 2 of 2

Filing Fee: \$25.00