

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000234490 3)))



H140002344903ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOLEY & LARDNER LLP-MIAMI
Account Number : I20080000013
Phone : (305) 482-8400
Fax Number : (305) 482-8600

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

Email Address: F&LCorpMiami@foley.com

RECEIVED
14 OCT -7 PM 12:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
INTERJURIS MIAMI, PLLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$60.00

FILED
14 OCT -7 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTERJURIS MIAMI, PLLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 13, 2010 and assigned Florida document number L10000074071.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INTERGLOBAL ADMINISTRATIVE SERVICES, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 605, 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

H140002344903

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

MGR	JUAN JOSE DELGADO-ALVAREZ	848 BRICKELL AVE, PH-3	<input type="checkbox"/> Add
-----	---------------------------	------------------------	------------------------------

		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
--	--	----------------------	--

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

☐ Add

☐ Remove

SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 14 OCT 7 AM 7:15
BY SP-6

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The purpose for which this Limited Liability Company is
organized is: ANY AND ALL LAWFUL BUSINESS.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 6th, 2014.

Signature of a member or authorized representative of a member

Jose O. Fraga-Ramirez, Authorized Representative

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED
14 OCT - 7 AM 7:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA