

L10000115807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

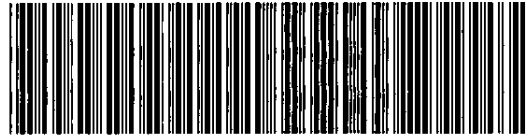
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900212267759

09/23/11--01043--003 **30.00

FILED
11 SEP 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Giffen SEP 26 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INMIGRACION, NOTARIADO Y SEGUROS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILELMINA HINCAPIE

Name of Person

INMIGRACION, NOTARIADO Y SEGUROS LLC

Firm/Company

485 NE 20TH STREET

Address

BOCA RATON, FLORIDA 33431

City/State and Zip Code

hincapiewil@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edgar Ochoa

Name of Person

at (561)

305-0491

Area Code & Daytime Telephone 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)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

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

FILED

11 SEP 23 AM 11:20

INMIGRACION NOTARIADO Y SEGUROS TALCAHASSEE, FLORIDA

(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 11/08/2010 and assigned
Florida document number L10000115807.

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

WILELMINA HINCAPIE

New Registered Office Address:

485 NE 20TH STREET

Enter Florida street address

BOCA RATON

Florida

33431

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.

Wilelmina Hincapie

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILELMINA HINCAPIE	485 NE 20TH SREET BOCA RATON FLORIDA 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EDGAR OCHOA	485 NE 20TH SREET BOCA RATON FLORIDA 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
11 SEP 23 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated AUGUST 15, 2011

Edgar Ochoa

Signature of a member or authorized representative of a member

EDGAR OCHOA

Typed or printed name of signee