## L11000011415

(Re	equestor's Name)			
· (Ac	dress)			
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Nam	ne)		
(Dc	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
·				
	·			

Office Use Only



500242538615

12/12/12--01017--006 \*\*\*30.00

2012 DEC 12 PH 1: 46

C. LEWIS

DEC 1 3 2012

EXAMINER

## COVER LETTER

TO:

Registration Section.

Division of Corporations

~~ SUR IFCT:

## The Americas Group Financial Services 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:

Monte Glicken

Name of Person

The Americas Group

Firm/Company

1200 Anastasia Ave, Suite 380

Address

Coral Gables / FL 33134

City/State and Zip Code

mglicken@theamericasgroup.net

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

For further information concerning this matter, please call:

Monte Glicken

786 255-3340

Name of Person

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 SEGRETARY OF STATE DIVISION OF CORPERALISMS

2812 DEC 12 PM 1: 46

The Americas Group Immigration Services LLC

(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 Com	npany were filed on 02/08/11	and assigned	
Florida document number L11000016415			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
The Americas Group Financial Services LLC			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the o	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u></u>	
_			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		rds, enter the name of the new	
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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Title** Name Address Type of Action Remove Remove Remove Remove Remove

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if neo	cessary	) F	LEO	
_		DIVIG	URE TAP	(OAP)	STAIL RAFOY
-		2012	DEC 1	2 PM	1:46
-		<del>.,</del>			
- -					
Dated	December 7, 2012.				
	Signature of a member or authorized representative of a member				
	Howard Glicken  Typed or printed name of signee			_	
	,, ,				

Page 3 of 3

Filing Fee: \$25.00