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S. WARREN DEC 2 7 2017

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: UN	TEO STATES Name of Limi	TAXATION and ted Liability Company	Immigration LAW,
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Picha</u>	rd S. Lehman	<u>)                                    </u>
	United States	Taxation and I	mmigration Law LL
	2600 n. Mil	itary TRAIL	Suite 206
	Boca CATT	ON 4L 3343 City/State and Zip Code	. 1
	r lehma. E-mail address: (i	o be used for future annual report notifi	Chw Com
For further information c	oncerning this matter, please ca	dt:	
Richard S Name o	S.Lehman Person	at (561) 368 Area Code Daytime	3.1113 Telephone Number
Enclosed is a check for the	ne 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

Craine of the latinited landing	ATION and Immigration Law LLC y Company as it now appears on our records.) Limited Liability Company)
Fine Articles of Organization for this Limited Liability Co.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	. Florida
New Registered Agent's Signature if changing Registered	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 limiting company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent -:

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma AMBR = Au	inager ithorized Member		
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		Signature of a	_				og Mæn	<del>-</del>

Page 3 of 3

Filing Fee: \$25.00