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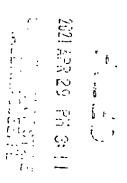
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ero ne	r man.	SGM L	aw Group PLLC	
SUBJE	(.F:	Name of Lin		
The enc	losed Articles of A	imendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
			Shilpa Malik	
			Name of Person	
			SGM Law Group PLLC	
			Firm/Company	7 12
			800 Corporate Drive, Suite 20	06 : ²⁰ : 00
			Address	
			Fort Lauderdale, FL 3333	4
			City/State and Zip Code	
		E-mail address: (info@immi-usa.com to be used for future annual report notification)	
For furt	ner information co	ncerning this matter, please e		
	SHILPA	MALIK	954 604-6406	
	Name of	Peison	Area Code Daytime Teleplic	sne Number
Enclosed	Lis a check for the	following amount:		
■ \$25.00 Filing Fee Section Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			□ \$55.00 Filing Fee & □ Certified Copy tadditional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Group PLLC	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our reco ited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Com	pany were filed on 09/08/2011	and assigned
Horida document number L11000102698		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
VisaNation Law Group PLLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		N p-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		(2.1
3. If amending the registered agent and/or registered offeent and/or the new registered office address here:	fice address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	er.
	, F	lorida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	danager Authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove E. Change
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effective da	e, if other than to is listed, the date	e must be speci:	fic and ca					90 days at			
	ate inserted in thi fective date on th					itutory fi	ling requi	rements, t	this date	will not	be listed
cord specif s filed.	ies a delayed effe	ective date, bi	ut not ar	n effective	time, at	12:01 a.n	i, on the c	arlier of:	(b) The	90th d	ay after
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Filing Fee: \$25.00