

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.

(((H13000218300 3)))



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 : LAMONT NEIMAN & INTERIAN, P.A

Account Number: I20000000051

Phone Fax Number

: (305)530-9400 : (305)530-9409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: KFonte@mmdlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MONTIEL DAVIS & FONTE, P.L.

Certificate of Status	1
Certified Copy	11
Page Count	03
Estimated Charge	\$60.00

OCT - 2 2013

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

MONTIEL DAVIS & FONTE, P.L.

(((H13000218300 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L11000144857</u>	were filed on 12-28-2011	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	ity company here:	2013 OC
GLOBAL MIGRATION LAW GROUP, P.L.		De to
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC	TI POST
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- Ye
		32
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here.		name of the new
Name of New Registered Agent:	·	··
New Registered Office Address:		
	Enter Florida street addres:	S.
	, 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

MGRM = Managing Member

(((H13000218300 3)))

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:

Title Name Address Type of Action **PST** Kari A. Fonte 111 NE 1st Street 5th Floor Romove Miami, FL 33132 Kari A. Fonte 111 NE 1st Street MGR 5th Floor Remove Miami, FL 33132 ΥP (C) Remove Remove

(((H13000218300 3)))

). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
ited _	October 1 , 2013 .		
	Atrente		
	Signature of a member or authorized representative of a member Kari Ann Fonte		
	Timed or wrighted norms of signed		

Page 3 of 3

Filing Fee: \$25.00