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COVER LETTER

TO: Registration Se Division of Cor				
Fonte Intr	nigration Firm, PL	•		
SUBJEČT:				
	Name of Limi	ted Linbility Company		
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.		
Please return all correspo	ondence concerning this matter t	o the following:		
	Kari Ann Fonte			
		Name of Person		
	Fonte Immigration Firm, I			
		Firm/Company		
	901 Ponce De Leon Blvd.	Suite 402		
		Address		
	Coral Gables, FL 33134			
	kfonte@visadoctors.com	City/State and Zip Code		
	E-mail address: (6	o be used for future annual report not	tification)	
For further information of	concerning this matter, please ca	11:		
Kari Ann Fonte		305 446-1151		
		at ()		
Name e	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for t	he 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		Street Address:	ction	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 632	7	The Centre of T	allahassee	
Tallahassee, F	/L 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fonte Immigration Firm, PL.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number ____ L11000144857 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fonte Friz-Garcia Immigration Firm, PL The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 901 Ponce De Leon Boulevard Enter new principal offices address, if applicable: Suite 402 (Principal office address MUST BE A STREET ADDRESS) Coral Gables, FL 33134 901 Ponce De Leon Boulevard Enter new mailing address, if applicable: Suite 402 (Mailing address MAY BE A POST OFFICE BOX) Coral Gables, FL 33134 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: New Registered Office Address: Enter Florida street address Circ

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 = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Alexandra Friz-Garcia	901 Ponce De Leon Blvd	
	4.44		≣ Add
		Suite 402	
			□Remove
		Coral Gables, FL 33134	
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iote:	ve date, if other than the ective date is listed, the date in If the date inserted in this ent's effective date on the	block does not	meet the applica	o date of filing ble statutory	or more than 90 day filing requiremen	(optional) is after filing.) Pursual ts. this date will not	n to 605.0207 (3 be listed as th
record Lis file	l specifies a delayed effec ed.	ive date, but no	t an effective tir	ne, at 12:01 a	.m. on the earlier	of: (b) The 90th d	lay after the
	March 26		2021				
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		7014	-с				
		Signature of a	member or author	rized represent	ative of a member	· · · · · · · · · · · · · · · · · · ·	
	Kari Ann Fonte, Esq						