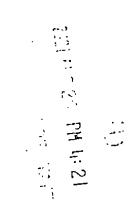
L12000015134

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COVER LETTER

TO:

TO: Registration of Division of the Control of the	n Section Corporations
	GRATION LEGAL SERVICES, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	s of Amendment and fee(s) are submitted for filing.
Please return all cor	espondence concerning this matter to the following:
	Jordan Lulich
	Name of Person
	Lulich & Attorneys
	Firm/Company
	1069 Main Street
	ATION LEGAL SERVICES, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing . nondence concerning this matter to the following: Jordan Lulich
	Sebastian, FL 32958
	City/State and Zip Code
	-
For further informa	on concerning this matter, please call:
Jordan Lulich	
N	me of Person Area Code Daytime Telephone Number
Enclosed is a check	for the following amount:
■ \$25.00 Filing F	Certificate of Status Certified Copy Certificate of Status & Certificate of Status & Certified Copy
Division P.O. Box	on Section Registration Section of Corporations Division of Corporations 6327 The Centre of Tallahassee ee, FL 32314 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMMIGRATION LEGAL SERVICES, LLC

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

		02/01/2012	, , ,
The Articles of Organization for this Limited L Florida document number L12000015134		d on	and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of	of the limited liability com	nany here:	
A. If afficienting frame, effect the new frame of	T the limited habitaly com	parr nere.	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or		on our records, enter the name	of the new registered
agent and/or the new registered office addre	ss here:		د-،
Name of New Registered Agent:	Jordan Lulich		2 2
	1069 Main Street		
New Registered Office Address:		Enter Florida street address	2.
	Sebastian	Florida ³²⁹	58 (2) 😤 💍
	City	, 1 101104	Zip Gode =
New Registered Agent's Signature, if changing	Registered Agent:		58 (2) PR (3) Zip Gode 5:
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete perform istered agent as providea registered office address change.	in this capacity. I further agr ance of my duties, and I am fa for in Chapter 605, F.S. Or, 1	ee to comply with the miliar with and if this document is ited liability
		-// - 	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jordan Lulich	1069 Main Street	≡ Add
		Sebastian, FL 32958	□ Remove
			□Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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		 	Remove
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			□Change

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Effective date, if other than the date of filing:		-		
Effective date, if other than the date of filing:	 			
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document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated August 24 2021				
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St ment	d is filed.			
St ment	Dated August 24	2021	\land	
Signature of a member or authorized representative of a member		9	V	
Signature of a member or authorized representative of a member		so hue		
		gnature of a member or authorized	representative of a member	
Steven Lulich, Manager	Steven Lulich, Manager			

Filing Fee: \$25.00