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TO:	Registrat Division o				
CUDIE	Imm	igration J	ustice Center PLLC		
SUBJE	.CI:		Name of Limi	ted Liability Company	
The end	closed Artic	eles of An	nendment and fee(s) are subr	nitted for filing.	
Please 1	return all co	rrespond	ence concerning this matter t	to the following:	
			Matus Varga, Esq.		
				Name of Person	
				Firm/Company	.
			9990 Coconut Road Ste. 33		
				Address	
			Bonita Springs, FL 34135		
				City/State and Zip Code	
			matuslaw@gmail.com	o be used for future annual report r	atification)
For furt	ther informa	ation con	cerning this matter, please ca	-	(outreation)
Matus	Varga, Esq.			305 300 6093	
	1	Name of Po	erson	Area Code Day	time Telephone Number
Enclose	ed is a checl	k for the t	Collowing amount:		
□ \$25	5.00 Filing I	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/COU Registration Ser Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

IMMIGRATION JUSTICE CENTER, PLLC			
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number L12000035880	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
VARGA'S IMMIGRATION ATTORNEYS, PLLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or t	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9990 Coconut Road Stc. 336		
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34135	- Sec -	
		> 20	
Enter new mailing address, if applicable:	9990 Coconut Road Ste. 336		
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34135		
		Cim on	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, en	iter the name of the new	
registered agent andror the new registered office address in	<u>cic</u> .		
Name of New Registered Agent: n/a - no chan	ge		
New Registered Office Address: n//a - no cha	nge		
	Enter Florida street address		
	, Florida	a	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Ager	nt:		

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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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