

12 0000 35880

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2019 JUL -3 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FL

Special Instructions to Filing Officer:

Phone call by Ivanna
to correct ~~type~~ of
Action on 7/3/19
sr

Office Use Only

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 1, 2019

MATUS VARGA, ESQ.
VARGA'S IMMIGRATION ATTORNEYS, PLLC
10600 CHEVROLET WAY SUITE 223
ESTERO, FL 33928

SUBJECT: VARGA'S IMMIGRATION ATTORNEYS, PLLC
Ref. Number: L12000035880

We have received your document for VARGA'S IMMIGRATION ATTORNEYS, PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE PROVIDE THE TYPE OF ACTION ON MATUS VARGA, ESQ LISTED ON PAGE 2.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 019A00013319

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VARGA'S IMMIGRATION ATTORNEYS, PLLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATUS VARGA, ESQ.

Name of Person

VARGA'S IMMIGRATION ATTORNEYS, PLLC

Firm/Company

10600 CHEVROLET WAY SUITE 223

Address

ESTERO, FL 33928

City/State and Zip Code

VARGA@VARGASIMMIGRATION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATUS VARGA, ESQ.

305 300 6093
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VARGA'S IMMIGRATION ATTORNEYS, PLLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/14/2012 and assigned
Florida document number L12000035880.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10600 CHEVROLET WAY STE 223

ESTERO, FL 33928

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10600 CHEVROLET WAY STE 223

ESTERO, FL 33928

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SECRETARY OF STATE
TALLAHASSEE, FL

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

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 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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MATUS VARGA, ESQ.	1080 BRICKELL AVE APT 303, MIAMI, FL 33131	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	IVANA CHABANOVA, ESQ.	340 SE 3RD ST APT 4104, MIAMI, FL 33131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

N/A

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

Typed or printed name of signee