

213 000 067898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

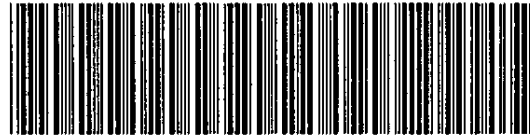
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250750325

08/16/13--01016--022 **25.00

FILED
13 AUG 16 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TWY Immigration Services LLC.
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:

Twyla Allen
Name of Person

TWY Immigration Services LLC.
Firm/Company

890 NW 213 Lane Bldg. 105
Address

Miami Gardens, FL 33169
City/State and Zip Code

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

For further information concerning this matter, please call:

Twyla Allen at (305) 7813977
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

FILED
13 AUG 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

TWY Immigration Services LLC.

(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 05/08/13 and assigned Florida document number L13000067898.

This amendment is submitted to amend the following:

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

TYA Immigration Services LLC.

The new name must be distinguishable and end with 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)

890 NW 213 Lane
Bldg. 105
Miami Gardens, FL 33169.

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A.

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:

Twyla Allen

New Registered Office Address:

890 NW 213 Lane Bldg. 105
Enter Florida street address
Miami Gardens, Florida
City

13 AUG 16 AM 11:04
FILED
CLERK OF COUNTY OF DADE
MIA
3010 N.W. 12th Ave
MIAMI, FL 33136
3010 N.W. 12th Ave
MIAMI, FL 33136

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.

N/A.
If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 AUG 16 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated 08/14/13

Twyla Allen
Signature of a member or authorized representative of a member

Twyla Allen
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 AUG 16 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA