## 413000167038

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

	Registration S Division of Co				
eren me		gration Firm, LLC			
SUBJECT:Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	urn all correspo	ondence concerning this matter	to the following:		
		Maria F. Reyes			
			Name of Person		
		The Immigration Firm, LL	.C		
			Firm/Company		
		11640 NW 35th Street			
			Address		
		Sunrise, FL 33323			
		Rey88@msn.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report notif	ication)	
For furthe	r information o	concerning this matter, please c	all:		
Maria F. I	Reyes		954 937-4900 at ()		
	Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed i	is a check for t	he following amount:			
\$25.00	0 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:

TO:

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

The Immigration Firm, LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 11/18/2013	and assigned
Florida document number L13000167038		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
Business Immigration Consulting, PLLC		
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or reg	ristered office address on our records, e	nter the name of the n
egistered agent and/or the new registered office ad		SEL.
		CA A
Name of New Registered Agent:		± 20 × 20 × 20 × 20 × 20 × 20 × 20 × 20
Name of New Negistered Agent.		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la Drill Si
<del></del>	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.

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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			Change
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			□ Remove
			☐ Change
			Add
			ALCO Remove
			SECULIANASSEE, FLORIDA  Remove  AH 35  Remove
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Filing Fee: \$25.00