

L14000071326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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18 MAY -8 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY 10 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Expert 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:

Flor Aguirre

Name of Person

Expert Immigration Services

Firm/Company

18501 Pines Boulevard, Suite 358

Address

Pembroke Pines, Florida 33029

City/State and Zip Code

immigraservices@gmail.com

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

For further information concerning this matter, please call:

Flor Aguirre

786 5213870

at (_____) _____

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)

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

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18 MAY -8 PM 4: 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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 April 19

Flor Aguirre

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2018

EXPERT IMMIGRATION SERVICES, LLC
FLOR AGUIRRE
18501 PINES BLVD, STE. 358
PEMBROKE PINES, FL 33029

SUBJECT: EXPERT IMMIGRATION SERVICES, LLC
Ref. Number: L14000071326

We have received your document for EXPERT IMMIGRATION SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L10000004607 "INTEGRAL SERVICES SOLUTION LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 618A00008219

RECEIVED

2018 MAY -8 AM 11:51

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314