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(Re	equestor's Name)		
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SUBJE	'СΤ•	Expert Imm	nigration Services, LLC		·. ·		
SODJE	.C1.	- "	Name of Lim	nited Liability Co	mpany		
The end	closed	Articles of	Amendment and fee(s) are sub	mitted for filing	g.		
Please	return	all correspo	ndence concerning this matter	to the followin	g:		
			Flor Aguirre		•		
				Name of	Person		
			Expert Immigration Service	es			
				Firm/Co	mpany		
			18501 Pines Boulevard, St	lite 358			
				Addre	ess ·		
			Pembroke Pines, Florida 3	3029			
				City/State and	Zip Code		
			immigraservices@gmail.com		· ·		
			E-mail address: (to be used for fur	ture annual report not	fication)	
For furt	her ir	formation c	oncerning this matter, please ca	all:			
Flor Ag	guirre			786 at (, 5213870		
		Name o	f Person		Code Daytin	e Telephone Number	
					•		
Enclose	d is a	check for th	ne following amount:				
\$25	5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 F Certified (additional		☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
					•		
		Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314		STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Expert 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	May 02, 2014	and assigned
Florida document number L14000071326	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity compan	<u>y here</u> :	
Integral Support & Solutions, LLC	٠,		
The new name must be distinguishable and contain the words "Limited Liability Contains and Contains the words "Limited Liability Contains and Contai	ity Company," t	he designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>	
(Principal office address MUST BE A STREET ADDRESS)	-		
			
Enter new mailing address, if applicable:	<u> </u>	·	
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		on our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
	,	, Florida	Zip Code
N. B. J. M. (188)	Ciţv		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pacing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance rovided for t	of my duties, and I am in Chapter 605, F.S. Or,	familiar with and , if this document is
If Chang	ging Registered	d Agent, Signature of New Ro	egistered Agent

MGR = N AMBR = A	Manager Authorized Member	,	FILED 18 MAY -8 PM 4: 04 SECRETARY OF STATE FALL AHASSEE, FLORIDA	
<u>Title</u>	<u>Name</u>	<u>Address</u>	SEGRETARY OF STATE	Type of Action
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	9.
Effective data if other than the data of filings	(antional)
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to a	
Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	le statutory filing requirements, this date will not be listed as
	•
he record specifies a delayed effective date, but not a The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier of
	; ;
Dated April 19	
74/1	<u>'</u>
Signature of a member or authoriz	red representative of a member
Signature of a member or authoriz	zed representative of a member

Page 3 of 3

Filing Fee: \$25.00







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

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