L14000075437

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FEBOS INTO

COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	IMMIGRAT	ION BONDS, PROFFESION	IAL LIMITED LIABILITY COMP.	ANY
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		EDUARDO G. NUNEZ		
			Name of Person	
		IMMIGRATION BONDS,	, PROFFESIONAL LLC	
Firm/Company				
1133 SE 3rd AVE				
		FORT LAUDERDALE, F	L 33316	
			City/State and Zip Code	
		eduardonunez2010@hotma		
		E-mail address: (I	to be used for future annual report notifi	cation)
For further in	iformation coi	ncerning this matter, please ca	afl:	
EDUARDO	G. NUNEZ		954 467-8888 at ()	
	Name of 1	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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

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

IMMIGRATION BONDS, PROFESSIONAL LIMITED LIABILITY COMPANY

(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 Comp	any were filed on 05/08/2014	and assigned
Florida document number L14000075437		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
EDUARDO NUNEZ IMMIGRATION BOND SERVICES, LLC	,	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	5)	
		75 P
		7 - Tr
Enter new mailing address, if applicable:		W Pre-
· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)	 	The state of the s
B. If amending the registered agent and/or registered	d office address on our reco	rds enter the name of the new
registered agent and/or the new registered office address		tus, enter the hame of the her
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ada	Iress
		Florida
	City,	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and	agree to act in this canacity 1	further garee to comply with the
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of my duties, as provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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 = M $AMBR = A$	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			A DAdd Remove
			Change
			□ Remove
			Change
•			
			☐ Remove

_□ Change

	anging name of the co	mpany from PLI	LC to LLC in order	to do business in t	ne State of New	York.	
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Filing Fee: \$25.00