(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	⇒ #)
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(Do	cument Number)	
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COVER LETTER

то:	Registration Sec Division of Corp		. •	e Vo Mi	
CUDI		NT IMMIGRATION ASSOC	CIATES, LLC		
SUBJ	Name of Limited Liability Company				
The er	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e return all correspon	dence concerning this matter	to the following:		
		STEFANIE Y. PARCHM	ENT, ESQ.		
		-	Name of Person		
		PARCHMENT IMMIGRA	ATION ASSOCIATES, LLC		
			Firm/Company	.	
		4300 N. UNIVERSITY D	R. SUITE D-204		
			Address		
		SUNRISE, FL 33351			
			City/State and Zip Code		
		PARCHMENTLAWLLC@			
		E-mail address: (to be used for future annual report notifi	cation)	
For fu	rther information co	ncerning this matter, please ca	all:		
STEF	FANIE Y. PARCHM	IENT, ESQ.	754 400-1476 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for the	following amount:			
\$2	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARCHMENT IMMIGRATION ASSOCIATES, LL	C	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000152509	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	4300 N. UNIVERSITY DR., SUITE I	0-204
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE, FL 33351	
Enter new mailing address, if applicable:	4300 N. UNIVERSITY DR., SUITE I	D-204
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33351	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		150CT 20 PH 12: 42 NAME CANY OF STATE AND SEEL FLORIDA
	, Florida	
	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
			□ Add
			□ Remove
			Change
			Remove
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(If an ef	ive date, if other than the date of filing:(option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	nal)	.0207
			,
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a. 90th day after the record is filed.	m. on the earlie	er of:
Dated	October H. 2015.		
	Signature of a member or authorized representative of a member		
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Filing Fee: \$25.00