L15000152509

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PICK-UP WAIT	MAIL
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Certified Copies Certificates of St	tatus
	
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02/28/19--01008--036 **25.00

JKS 3-7-19

COVER LETTER

	IMMIGRATION ASSOCIAT	ES, LLC	
	Name of Lim	ited Liability Company	
- The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEFANIE Y. CRESPO		
	Name of Person DEFENSA LAW, LLC Firm/Company 6950 CYPRESS RD., SUITE 107 Address PLANTATION, FL 33317 City/State and Zip Code STEFANIE@DEFENSALAW.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: EFANIE CRESPO at (
	DEFENSA LAW, LLC		
		Firm/Company	
	6950 CYPRESS RD., SUI	TE 107	
	 	Address	
	PLANTATION, FL 33317		
	STEFANIE@DEFENSAL		
	E-mail address: (to be used for future annual report notifi	cation)
for further information c	oncerning this matter, please ca	all:	
STEFANIE CRESPO			
Name o	f Person	Area Code Daytime	Telephone Number
inclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations

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

DEFENSA IMMIGRATION ASSOCIATES, 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 $\frac{09/08/2015}{1}$ and assigned Florida document number L15000152509 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DEFENSA LAW, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new egistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

w Registered Agent's Signature, if changing Registered Agent:

sereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida _

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00