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## **COVER LETTER**

TO:	Registration Se Division of Cor			
cupu		MMIGRATION CONSULTAR	NT	
SUBJI	LC1:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		OBILE IMMIGRATION CONSULTANT  Name of Limited Liability Company  reticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:  MILENA DIAZ  Name of Person  MOBILE IMMIGRATION CONSULTANT. LLC  Firm/Company  4275 PRICE ROAD  Address  CLEWISTON, FL 33440  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  remation concerning this matter, please call:  Z  Name of Person  Area Code  Daytime Telephone Number  seeck for the following amount:  ug Fee \$\Begin{array} \text{\$55.00 Filing Fee} & \Begin{array} \text{\$\$55.00 Filing Fee} & \Begin{array} \text{\$\$560.00 Filing Fee}, \Certificate of Status & \Certificate Opy (additional copy is enclosed) \Certificate Opy (certificate Opt) (certificate Opt)		
			Name of Person	
		MOBILE IMMIGRATION	N CONSULTANT. LLC	
			Firm/Company	
		4275 PRICE ROAD		
		<del></del>	Address	
		CLEWISTON, FL 33440		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	all:	
MILE	NA DIAZ		,	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	<del>-</del>	Certified Copy	Certificate of Status &

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

#### MOBILE IMMIGRATION CONSULTANT, LLC

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

	iability Company	were filed on 11/17/15	and assigned		
Florida document number L13000194370	·				
If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  ter new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS)  ter new mailing address, if applicable: alling address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the new istered agent and/or the new registered office address here:  Name of New Registered Agent:  MILENA DIAZ					
A. If amending name, enter the new name of	of the limited liab	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."		
Futer new principal offices address if applicable:		4275 PRICE ROAD			
nter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)  Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered agistered agent and/or the new registered office address have been address have a post of the new registered office address have been applicable:  Name of New Registered Agent:  New Registered Office Address:  MILENA DI.  1 New Registered Office Address:	,	CLEWISTON, FL 33440			
Enter new mailing address, if applicable:		4275 PRICE ROAD			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CLEWISTON, FL 33440				
			2 CO		
Name of New Registered Agent: MILENA		Z	37 8		
New Registered Office Address:	4275 PRICE RO	OAD :			
	CLEWISTON	Enter Florida street address , Florida	10 H		
		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.

lf 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
CEO	MILENA DIAZ	3670 MOON VINE CT	Add
		WEST PALM BEACH, FL 33406	■ Remove
			Change
MGR	MILENA DIAZ	4275 PRICE ROAD	<u></u>
		CLEWISTON, FL 33440	Remove
			Change
			Add
			Remove
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ective date, if other than the da	te of filing: 11/23/15		(opti		<b>G</b>	
n effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depa	does not meet the apportment of State's record	licable statutory fil	ing requirements, thi	s date will	not be	: listed
record specifies a delayed e The 90th day after the record		not an effectiv€	e time, at 12:01	a.m. on	the e	arlier
NOVEMBER 23	, 2015	<del></del> ,				
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Sig	nature of a member or au	thorized representati	ve of a member			

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Filing Fee: \$25.00