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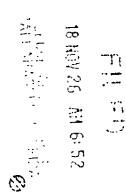
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COVER LETTER

Div	rision of Cor	porations		
SUBJEÇT:		IMMIGRATION SERVICES	OF FLORIDA, LLC	
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: GABY P. ORTIZ. Name of Person			
		GABY P. ORTIZ		
			Name of Person	
			nitted for filing. o the following: Name of Person	
	Address TAMPA, FL 33635 City/State and Zip Code adviseinmingration/(@gmail.com E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: COHEN CPA Name of Person Associated and feets and service a			
			Address	<u>_</u>
		TAMPA, FL 33635		
		adviseimmigrationfl@gmail		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation c	oncerning this matter, please ca	nll;	
ROBERT F	COHEN CP.	A		
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

HISPANIC IMMIGRATION SERVICES OF FLORIDA, 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 7/10/2017 and assigned Florida document number L17000146703 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) On B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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
MGR	CHRIS MONTANA	6512 MARINA POINTE VILLAGE CT TAMPA FL 33635	□ Add
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<u>Note</u>	tive date, if other than the date of filing: The tive date is listed, the date must be specific and cannot be prior to date of filing or magnifications. If the date inserted in this block does not meet the applicable statutory filing.	ore than 90 days after filing.) Purs g requirements, this date will i	auant to 605,020 not be listed a:
docu	ment's effective date on the Department of State's records.		
If the re (b) Th	ecord specifies a delayed effective date, but not an effective t e 90th day after the record is filed.	ime, at 12:01 a.m. on t	he earlier o
Date	1-16-18		
	Signature of a member or authorized representative		

Page 3 of 3

Filing Fee: \$25.00