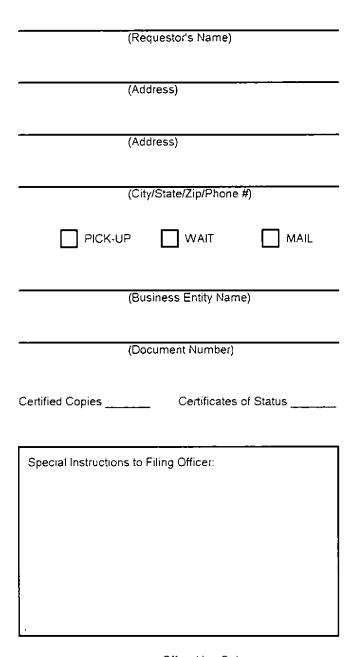
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Office Use Only



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05/02/24--01031--008 **60.00

05/02/24--01031--009 **60.00

TALLAHASSEC FL

FILED

COVER LETTER

Division of Cor	porations		
	TION NATION LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Yandrea Espada		
		Name of Person	
	IMMIGRATION NATION	NLLC	
		Firm/Company	
	3487 N. Hiatus Road Suite	: 102	
		Address	
	Sunrise, FL 33351		
		City/State and Zip Code	
	ination@inationimmigration	n.com to be used for future annual report notif	ention)
For further information c	oncerning this matter, please ca		realion
Yandrea Espada		954 5523255	
Name o	f Person	at () Area Code Daytimo	· Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on 08/10/2017						
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited liab	ility company here:					
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or	the abbreviation "L.L.C."				
nter new principal offices address, if applicable:	3487 N. Hiatus Road Suite 102	20				
Principal office address MUST BE A STREET ADDRESS)	Sunrise, FL 33351	2024 HAY				
		7 -2				
nter new mailing address, if applicable:	3487 N. Hiatus Road Suite 102	A GE TO				
Mailing address MAY BE A POST OFFICE BOX)	Sunrise, FL 33351	7.55 3: 				
		-TE 26				

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.

Cuv

Florida _

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	Marcela Parra Herrera	3487 N. Hiatus Road Suite 102	≣ Add
		Sunrise, FL 33351	□ Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
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		*				
Tective date, if other than the n effective date is listed, the date must tet: If the date inserted in this blocument's effective date on the Do	o <mark>ck does no</mark> t	meet the applic	cable statutory	or more than 90 c	_ (optional) lays after filing.) F ents, this date w	Pursuant to 605.0207 ill not be listed as
ecord specifies a delayed effective is filed.	e date, but no	ot an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The	90th day after the
April 16		2024				
ted April 16			_			
	Signature of	a member or auth	norized represent	ative of a membe	т	

Filing Fee: \$25.00