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Special Instructions to	Filing Officer:	
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COVER LETTER

UBJECT:			
	IMMIGR	ATION 4 US LLC	- -
	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sylva	Name of Person	
	,	Name of Person	
		Firm/Company	
	6236	SW 26H ST	
	Miami	FL 33155 City/State and Zip Code © MINERATOR P to be used for future annual report nout	
	Sylvain E-mail address: (to be used for future annual report nout	·COM
or further information c	oncerning this matter, please ca	all:	
Sylvain M	azloum	at (<u>786</u>) <u>333</u> Area Code Daytime	6386
Name o	f Person	Area Code Daytime	: Telephone Number
inclosed is a check for th	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMMIC	GRATION	4 4 5	LLC		_	
(Name of the Limite	A Florida Limited I	ny as it now appearable (in a partial in a p	ars on our records.)			
The Articles of Organization for this Limited Li	ability Company	were filed on _	09/12/201	7 and	assigned	d
Florida document number <u>L17000190</u>	<u> 381 </u>					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company l	nere:			
The new name must be distinguishable and contain the w	ondo wi inciend i inkii	See Commence Walking	Andreasine of LCS	eli i ilika mainei m	. *1 1 6 "	
·		ny Company, me	designation 1.1.C or	the abbreviation	i intac.	
Enter new principal offices address, if applica			·			
Principal office address MUST BE A STREE	<u>T ADDRESS)</u>				·	
						—
				<u>;</u>		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)				<u></u>	<u> </u>	
					AP	<u>·</u>
				SS	<u>, , , , , , , , , , , , , , , , , , , </u>	· · ·
				<u>: </u>	30 (7"1
B. If amending the registered agent and/on the project and/on the project and of	or registered of	Tice address o	on our records, <u>e</u>	nter the nar	ne of the	<u>je nev</u>
registered agent and/or the new registered of	nce address her	<u>e</u> :		22. C.	64	14. •
		4. c A		>	Ψ,	
Name of New Registered Agent:	MINEN	usA	LLC			
New Registered Office Address:	6236	SW 26	th ST	<u>.</u>		
		Enter Fl	orida street address			
	Mia	City	Florid	la <u>33</u>	155	
		City		Уір Са	ode	

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	MAZLOUM SYLVAIN	6236 SW 26th ST	Add
		Miami FL 33155	⊠ Remove
			□ Change
MGR	MINEA USA LLC	6236 SW 26 H ST	_Z Add
		Miami FL 33155	□ Remove
			☐ Change
<u> </u>		<u> </u>	
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Filing Fee: \$25.00