# L180000 78090

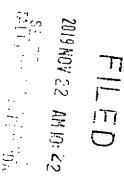
(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Address)  (Address)  (City/State/Zip/Phone #)  (PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	





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11/12/12-31/22-31



# **COVER LETTER**

SUBJECT:	ernational	Legal Group	llc
	Name of Limit	ted Liabilite Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	il .		
	Heipis	M. Yudel	
	^	Name of Person	
	Heydr	Andex?	
		Firm/Company	<del></del>
	3350 500	ILO AUR.	
		Address	
	today or to	TI 23027	
	trurana, t	City/State and Zip Code	
	Interlegalaid	City/State and Zip Code  Egmailon  o be used for future annual report notitica	
	E-man address: (t	o be used for future annual report notifica	tion)
For further information co	ncerning this matter, please ca	dl:	
Ha. Wis t	n under	347 (08.4)	) p1
Name of	Person	at ( <u>347)</u> 608-42 Area Code Daytime To	elephone Number
Enclosed is a check for the	e 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 Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International 1	_egal	Gro	op L	.LC	_		
( <u>Name of the Limited Liabi</u> (A Florid	lity Company da Limited Lia	as it now appe bility Company)	ars bn <u>our r</u>		•		
The Articles of Organization for this Limited Liability Florida document number 128000 7	Company w - <u>8</u> 090	ere filed on _	03/2	27/2	<u>⊃18</u> aı	nd assigi	ned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lin	mited liabili	ty company l	<u>nere</u> :				
The new name must be distinguishable and contain the words "Li	mited Liability	· Company," the	designation	"LLC" or the	abbreviat	ion "L.L.(	· · ·
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADD	ORESS)						
				<del></del> ,			
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
		<u></u>					
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ce address (	on our rec	cords, <u>ent</u>	erathe n	رت	the new
registered agent and/or the new registered write ad	<u></u>				<del>-</del> ;	A01461	-17
Name of New Registered Agent:						<u>-=</u>	
New Registered Office Address:						2 <u>h</u>	
		Enter Fi	lorida street c	oddress	**		
<u> </u>				Florida	-	 <u>ro</u>	
		City			Zip	c 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	David E. Duran	3350 SW 148 Ave Of	ice 149
		3350 SW 148 Ave Of	Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			□ Add
			🖸 Remove
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i effective dat <u>te:</u> If the da	te is listed, the date attended in this	the date of filing must be specific and s block does not m e Department of St	cannot be prior to cet the applical	o date of filing or me	ore than 90 days after requirements, th	ional) er filing.) Pursuant to ( is date will not be l	505,020 isted a
		yed effective da record is filed.	ate, but not	an effective t	me, at 12:01	a.m. on the ea	rlier d
ted	(	<u> </u>		_ •			
		ulchy	vál	ized representative	at'a mambar		
		— / Signature⊅i ain	icinoci or audior	izea representative	OLA IUCUIDEI		

Page 3 of 3

Filing Fee: \$25.00