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COVER LETTER

TO:	Registration Se Division of Cor			
	ASESORIA	A MIGRATORIA USA		
SUBJEC	-!; <u></u>	A MIGRATORIA USA Name of Limi	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		GEMA J BRAVO		
			Name of Person	
		ASESORIA MIGRATORI	A USA LLC	
			Firm/Company	
		618 E SOUTH ST SUITE	500	
			Address	
		ORLANIXO, FL 32801		
			City/State and Zip Code	
			RIAMIGRATORIAUSA.COM	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information o	oncerning this matter, please ca	all.	
GEMA	J BRAVO		786 8997803	
	Name o	of Person	at () Area Code — Duytime	· Telephone Number
Enclosed	d is a check for t	he following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		<u>Street Address:</u> Registration Sec	ction
	Division of C	Corporations	Division of Corp	porations
	P.O. Box 632		The Centre of T	
	Tallahaccee	F1 (7)14	74.15 N. Monros	e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP -9 AM 9: 01

ASESORIA MIGRATORIA USA

SELLIE TALL OF STATE

(Name of the Limited	Liability Compa Florida Limited L	ny as it now appears on c Liability Company)	our records. LATTASSEE, FL
The Articles of Organization for this Limited Lial Florida document number 83-4322548	bility Company	were filed on 04/08/2	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liabi	ility company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liabil	ity Company," the designa	ation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		618 E SOUTH ST S	UITE 500
		ORLANDO, FL 32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		UTTE 500
B. If amending the registered agent and/or registered office address	• *	address on our record	ds, enter the name of the new registere
Name of New Registered Agent			
New Registered Office Address:	618 E SOUTH	ST SUITE 500	
amplification of the second of		Enter Florida st	reet address
	ORLANDO		, Florida 32801
		Cirto	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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
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			CI Add
			□ Remove

_____ Change

					
					
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ffective date, if other than the date of an effective date is listed, the date must be specificte: If the date inserted in this block does becument's effective date on the Departmen	ic and cannot be prior to not meet the applical	ble statutory fi	r more than 90 days	optional) after filing.) Pu s, this date will	rsuant to 605,020 I not be listed as
record specifies a delayed effective date, but is filed.	it not an effective tim	ne, at 12:01 a.r	m, on the earlier o	of: (b) The 90	th day after the
AUGUST 18TH	. 2024	_ ·			
_	win	3			
Signature	of a member or author	ized representat	ive of a member		