

L19 000 170969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

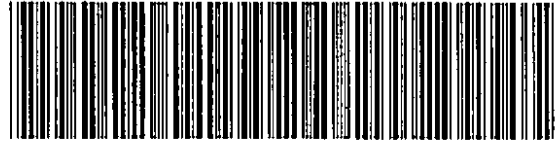
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800346813308

05/26/20--01006--020 \*\*25.00

PAID  
AS 11 000

2020 JUN 26 PM 4:12

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Your Immigration Attorney, LLC  
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mayra Rodriguez-Arias  
Name of Person

Your Immigration Attorney, LLC  
Firm Company

683 Captiva Circle  
Address

Kissimmee, FL 34741  
City, State and Zip Code

Mayraarias12@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Mayra Rodriguez-Arias at ( 917 ) 435-7372  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount.

- \$25.00 Filing Fee
- \$100.00 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:  
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

Your Immigration Attorney, LLC

2020 JUN 26 PM 4:12

(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 7/06/2019 and assigned Florida document number L19000170969

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 NOT AN OFFICE BOX)

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

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 relating 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>	<u>Address</u>	<u>Type of Action</u>
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change
	_____	_____	<input type="checkbox"/> Add
	_____	_____	<input type="checkbox"/> Remove
	_____	_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

The Registered Agent, Mayra Rodriguez-Arias,  
to be added (identified) as President.

1. Effective date, if other than the date of filing: 07/01/2019 (optional)  
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605-0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 18 2020

Mayra Rodriguez-Arias  
Signature of a member or authorized representative of a member

Mayra Rodriguez-Arias  
Typed or printed name of signer