L19000260376

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration So Division of Cor		
	ration LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Hai Nguyen	
		Name of Person
	HN Immigration	
	·····	Firm/Company
	4767 Corporate Central	Blvd., Suite 307
		Address
	Winter Garden, FL 32814	
		City/State and Zip Code
	hai@hnimmigration.com	to be used for future annual report notification)
For further information of	concerning this matter, please of	
Hai Nguyen		407 5736588
Name o	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy tadditional copy is enclosed □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
' Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HN Immigration LLC				
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our red Liability Company)	cords.)		
The Articles of Organization for this Limited Liability Company	were filed on 10/16/2019	and assigned		
Florida document number L19000260376				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4767 New Broad Street, Suite 307			
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32814	2019		
		3		
		?) ~		
Enter new mailing address, if applicable:	4767 New Broad Street,	Suite 307		
(Mailing address MAY BE A POST OFFICE BOX)	Orlando, FL 32814			
		.		
		0		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>en</u>	iter the name of the new register		
New Registered Office Address:				
	Enter Florida street address			
		. Florida		
You Desistand Agent's Construe of shareing Desistand Agent	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	• •	- "		

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager AMBR = Authorized Member

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

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an effe <u>ote:</u>	ective date is liste	ed, the date must rited in this blo	: be specific ar ock does not	nd cunnot be properties and cunnot be properties and current the approperties and current the appropert	prior to date of ti plicable statute	ling or more than	(optional) 90 days after filing ements, this date) (.) Pursuant to 605,020 (will not be listed as
	ord specifie 90th day af				not an effe	ctive time, a	it 12:01 a.m.	on the earlier o
ated _	Novemb	<u>er 20</u>		. 20	<u>19</u> .			
		22					•	
			Signature of a	member or a	adhorized pence	sentative of a me	mbur	

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Typed or printed name of signee

Filing Fee: \$25.00