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DIVISION OF CONTERATION

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COVER LETTER

TO: Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	emitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	DAMARIS PRADO		
		Name of Person	
	PRADO IMMIGRATION	GROUP, LLC	
		Firm/Company	
	3175 S. CONGRESS AVE	E. SUITE 04-b	
		Address	
	PALM SPRINGS, FL 334	61	
		City/State and Zip Code	
	pradofloridabar@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Damaris Prado		at () Area Code Daytic	
Name o	of Person	Area Code Daytii	me 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 & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration S	
Division of C P.O. Box 632		Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PRADO IMMIGRATION GROUP, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Ciability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{12000057927}{2}$.	were filed on <u>02/20/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
PRADO LAW GROUP, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3900 Woodlake Blvd	
Principal office address MUST BE A STREET ADDRESS)	Suite 301-A	2023
	Greenacres, Florida 33463	30 Xer
Enter new mailing address, if applicable:	2139 Shoma Dr	TAN CONT.
Mailing address MAY BE A POST OFFICE BOX)	Royal Palm Beach	<u> </u>
<u> </u>	Florida 33414	<u> </u>
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records. <u>enter the n</u>	ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City	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 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>	Name	Address	Type of Action
			□Add
			□Remove
		<u> </u>	□Add
			Remove
			—————————————————————————————————————
			Change DIVISION OF CART OF CARTON CAR
			🗖 Remove
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effective date is listed, the date must be: If the date inserted in this block	specific and can	not be prior to	date of filing or le le statutory fili	nore than 90 day	s after filing.) Pu	rsuant to 60 I not be lis)5,020 sted a:
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