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.

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations		
SUBJECT:	IMMIGRA	TION SERVICES MIAMI LL	.c	
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	l Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Osmany Perez		
			Name of Person	
		Name of Person		
			Firm/Company	
	22 Salamanca Ave apt. 502			
				
			City/State and Zip Code	
		,		
		E-mail address: (to be used for future annual report notif	lication)
For further in	oformation c	oncerning this matter, please c	all:	
Osmany Pero	ez.			
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	nc following amount:		
■ \$25,00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy
	ling Addres		· · · · · · · · · · · · · · · · · · ·	
-	-	orporations	Registration Sec Division of Cor	
	Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Immigration Services Miami LLC		3 7
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	獨一個
The Articles of Organization for this Limited Liability Con Florida document number L20000090765	npany were filed on March 26, 2020	and assigned
This amendment is submitted to amend the following:		*
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the</u>	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		_
	, Floric	da 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Anibal Vera Tudela	22 Salamanca Ave	= Add
		Coral Gables, FL 33134	□ Remove
			
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Effective date, if other than the difference date is listed, the date must be	to specific and cannot be price	or to date of filing or more t	(optional) han 90 days after filing.) Purs	auant to 605.0207 (
Note: If the date inserted in this bloc document's effective date on the Dep			quirements, this date will	not be listed as t
souther souther date on the sop		3 .		
record specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) The 90t	h day after the
rd is filed.				
A	2020			
Dated April 7	2020	·		
Dated April 7 Osmany Pere	00			
_ Osmany Pere	3 1. 14	harized representative of a	manhar	
// 8	ignature of a member of aut		menuci	

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