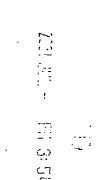
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(Requestor's Name)	
(Address)	60036884
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO:

Tallahassee, FL 32314

	gistration Se ision of Co				
SUBJECT:	IMMIGRA	TION LAW OFFICE OF JOR	GE GONZALEZ . LLC		
SUBJECT.		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Jorge Gonzalez			
			Name of Person		
		IMMIGRATION LAW O	FFICE OF JORGE GONZ	ZALEZ, LLC	
			Firm/Company		
		6780 Coral Way			
			Address		
		Miami, Florida 33155			
		jgsuarez_2000@yahoo.es	City/State and Zip Code		
		-	to be used for future annual	report notification)
For further in	iformation c	oncerning this matter, please c	all:		
Jorge Gonzal	lez			2711	
	Name o	f Person	at () Area Code	Daytime Teleph	none Number
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Addressistration S		Street Ad	dress:	
_		orporations	_	nion Section of Corporation	ons
	. Box 632	•		itre of Tallaha	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IMMIGRATION LAW OFFICE OF JORGE GONZALEZ, LLC (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 $\frac{03/08/2021}{1}$ and assigned Florida document number _____L21000110254 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 A POST 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

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.

City

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
AMBR	JORGE GONZALEZ-SUAREZ	6780 CORAL WAY MIAMI ,FL 33155	≅Add
			□Remove
			□Change
P	JORGE GONZALEZ	6780 CORAL WAY MIAMI FLORIDA 33155	🗆 Add
			Remove
			□ Change
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change

ii amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
(If an effect Note: If	e date, if other than the date of filing:
e record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	1LY 1ST . 2021
	Signature of a member or authorized representative of a member
	Jonge Gonzalez
	Typed or printed name of signee

.

Filing Fee: \$25.00