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COVER LETTER

TO: Registration Se Division of Cor				
BP LAW I	LC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.		
Please return all correspo	ondence concerning this matter	to the following:		
	INGRID PEREZ			
		Name of Person	······································	
	BP LAW LEC			
		Firm/Company		
	6000 METROWEST BLV	D STE 208		
		Address		
	ORLANDO, FL 32835			
		City/State and Zip Code		
	INGRID@IBPLAW.COM			
	E-mail address: (to be used for future annual report no	otification)	
For further information c	oncerning this matter, please c	all:	•	
INGRID PEREZ		914 774-4259		
Name o	f Person	at () Area Code Dayti	me Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration S	Section	
Division of C		Division of Co		
P.O. Box 632		The Centre of	The Centre of Tallahassee	
Tallahassee.	FL 32314	2415 N. Mont	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BP LAW 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 _07/01/2022 ____ and assigned Florida document number 1.22000297165 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: IBP IMMIGRATION LAW, PLLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 _. Florida ___

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
			⊡Add
			□Remove
			□Change
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an etl <u>(ote:</u>	ive date, if other than the date of filing: (optional) Exercise 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
recor f is fi	d 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 led.
l	Jonuary 31 . 2009
micu	
Aled	Signature of a member of authorized representative of a member

Filing Fee: \$25.00