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## **COVER LETTER**

TO:	Registration Second Division of Cor						
	Neleidy Agu	ilar US Immigration Services,	LLC ,				
SUBJECT:Name of Limited Liability Company							
		Name of Limi	led Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Neleidy J Aguilar					
	Name of Person						
	Neleidy Aguilar US Immigration Services, LLC						
	Firm/Company						
	10819 Tilston Point						
Address				<del></del>			
		Orlando, FL 32832					
			City/State and Zip Code	<del></del>			
		neleidya@gmail.com	to be used for future annual report notification)	2FC			
г с	A		·				
	For further information concerning this matter, please call:  Neleidy Aguilar 786 773-0621						
Neiere	iy Agunai		at ( )	:			
	Name o	f Person	Area Code Daytime Telephone Nu	mber 5: U0			
Enclos	sed is a check for th	ne following amount:					
□ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)			
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Sui Tallahassee, FL 32303	te 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Neleidy Aguilar US Immigration Services, LLC		در.	
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our re imited Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Co.	mpany were filed on November 14	and assigned	
Florida document number		- ; - ;	
This amendment is submitted to amend the following:		00 :5	
A. If amending name, enter the new name of the limite	ed liability company here:		
Neleidy Aguilar US Services, LLC			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<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 agent and/or the new registered office address here:	office address on our records, <u>e</u> i	nter the name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	ddress	
	Pr. 11		
<del></del>	City	, Florida 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
			□Add
			Remove
			Change
			□Add
			☐Remove
			□Change
			☐ Remove
			Change
			□Add
			□Remove
			Change
<del></del>			
			□Remove
			□Change
		<u>-</u>	□Add
			Remove
			□Change

Typed or printed name of signee

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