

L240002181535

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

Account Name : RCB GLOBAL SERVICES, LLC
Account Number : I20220000095
Phone : (786)503-2106
Fax Number : (754)732-8554

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BI IMMIGRATION LAW FIRM LLC**

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JUN 26 2024

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATE

2024 JUN 25 AM 5:46

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BI IMMIGRATION LAW FIRM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISLAS, BENJAMIN

Name of Person

AR

Firm/Company

601 N FEDERAL HWY SUITE 301

Address

HALLANDALE FL 33009

City/State and Zip Code

info@bi-immigrationlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

ISLAS, BENJAMIN

954 668 90 86

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HI IMMIGRATION LAW FIRM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

I, _____

The Articles of Organization for this Limited Liability Company were filed on 06/03/2024 and assigned
Florida document number 1.24000251535.

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: _____

ISLAS, BENJAMIN

New Registered Office Address: _____

601 N FEDERAL HWY SUITE 301

Enter Florida street address

HALLANDALE

Florida

33009

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.

Benjamin E. Islas

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ISLAS, BENJAMIN	1180 OTT LANE MERRICK, NY 11566	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP	SALAZAR, CARLOS	601 N FEDERAL HWY, SUITE 301	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*