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## **COVER LETTER**

. TO:

TO: Registration Se Division of Cor				
	RATION SOLUTIONS LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LEON, JORGE E			
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	JM IMMIGRATION SOL	UTIONS ELC		
	4.#NL	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	8515 LAKE VINING CT	APT 4207		
		Address	<del></del>	
	ORLANDO, FL 32821			
		City/State and Zip Code	<del></del>	
	JORGITOLEON1985@GM			
	E-mail address: (	to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
LEON, JORGE E		830 3219010 at ( )		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration		<u>Street Address:</u> Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of T	Fallahassee be Street, Suite 810	
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	mpany as it now appears on our record	<u></u>
(A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u></u> ,
The Articles of Organization for this Limited Liability Comp	any were filed on JULY 24, 2024	and assigned
Florida document number 1.24000328055		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	2	<del></del>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ြားျှဲ့ ယ
<u> </u>		
	·	
3. If amending the registered agent and/or registered offi	ice address on our records, enter	the name of the new reg
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres.	3
	ΩI.	orida
<del></del>	City , FIG	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

N. II II II ON 1710); AND 1770) II O

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, 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>	Type of Action
P	ORDONEZ, MARIA J	8515 LAKE VINING CT APT 4207	□Add
		ORLANDO, FL 32821	■Remove
		<del></del>	☐ Change
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D. If amending any other information, enter change(s) here: (Anac	h additional sheets, if	necessary.)	
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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days a	fter filing ) Pursuant (	to 603.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records?	ry filing requirements.	this daic will not b	e listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:0	la,m, on the earlier of	(b) The 90th day	after the
ecord is filed.			
Dated SEPTEMBER 30TH			
		ing the state of t	
Harlas			
Signature of a member or authorized repres	entative of a member		
Mana Jose	Ordone7		
Typed or printed name of s	ignor + 3		

Filing Fee: \$25.00