L24000369968

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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: NEW HOR	IZONS IMMIGRATION LAV	W, PLLC	
Jobsec 1.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
	ondence concerning this matter	•	
	Julio Moraes		
		Name of Person	
	Moraes Law Firm, PLLC		
		Firm/Company	
	66 W Flagler Street, Suite	900. PMB 10839	
		Address	
	Miami, FL 33130		
		City/State and Zip Code	
	julio@moraeslawfirm.com		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Julio Moraes		305 481-9717	
Name of Person		at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fce & 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Courtle Centre of 7	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW HORIZONS IMMIGRATION LAW, PLLC

(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 $\frac{08/22/2024}{1}$ Florida document number L24000369968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Moraes Law Firm, PLLC 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.

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>	Address	Type of Action
			
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ective date, if other than the effective date is listed, the date must be: If the date inserted in this blument's effective date on the De	ock does not meet the ap:	plicable statutory film	(optiona ore than 90 days after filin g requirements, this dat	l) g.) Pursuant to 605,020 e will not be listed a
cord specifies a delayed effective s filed.	e date, but not an effectiv	re time, at 12:01 a.m.	on the earlier of: (b) 1	The 90th day after the
ed October 3rd	2024			
	Signature of a membe	o Moraes	of a member	

Filing Fee: \$25.00