

N14000010976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

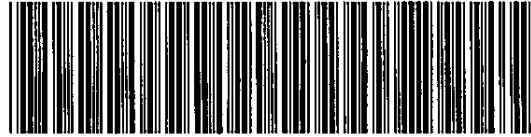
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900270254119

03/04/15--01025--015 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR -4 PM 3:12

Amend/cus
@ 3/5/15

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MIGRATION & LEGAL SERVICES, INC.

DOCUMENT NUMBER: N14000010976

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Clint Perryman

(Name of Contact Person)

PERRYMAN & ASSOCIATION, P.A.

(Firm/ Company)

10172 Silver Maple, Ct.

(Address)

Fort Myers, FL. 33913

(City/ State and Zip Code)

clp59@msn.com

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

For further information concerning this matter, please call:

Clint Perryman

(Name of Contact Person)

at 239 273.5597

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|---|---|--|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 MAR -4 PM 3:12

Articles of Amendment
to
Articles of Incorporation
of

MIGRATION & LEGAL SERVICES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N14000010976

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Clint Perryman

10172 Silver Maple, Ct.

(Florida street address)

New Registered Office Address:

Fort Myers

Florida

FL. 33913

(City)

(Zip Code)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>V</u>	<u>Rovena Frangu</u>	<u>727 110th Ave. N.</u> <u>Naples, FL. 34108</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Clint Perryman</u>	<u>10172 Silver Maple Ct.</u> <u>Fort Myers, FL. 33913</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Article III- To provide quality professional immigration services, administrative legal assistance and legal representation to indigent low income individuals seeking to lawfully obtain and sustain a legal pathway to citizenship in the United States. To protect and promoting the fundamental human rights of immigrants of all nationalities.

To provide security, stability and legal representation for women who are abused victims of domestic violence, sexual assault and other violent crimes. To provide legal assistance and representation for people seeking asylum in the United States including assistance with obtaining access to health and human services. To educate community members about issues that affect immigrants and aims to promote greater understanding of the issues that affect immigrant communities, provide a neutral forum for discussion, and unite immigrant groups to more effectively advocate for positive change.

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

Article XI- This nonprofit organization organized and operated exclusively for charitable purposes within the meaning of section 501(c)(3) of the Internal Revenue Code; and upon the winding up and dissolution of this corporation, all remaining assets shall be lawfully distributed to an existing and operating valid nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable educational, religious, humanitarian, or scientific purposes lawfully established as tax exempt organization under the definition of section 501 (c) (3) of Internal Revenue Code.

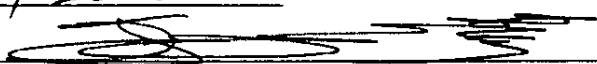
The date of each amendment(s) adoption: February 14, 2015, if other than the date this document was signed.

Effective date if applicable: February 14, 2015
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 2/14/2015

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

FREDRIK STEFANI
(Typed or printed name of person signing)
President / CEO
(Title of person signing)