N2000001019

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COVER LETTER

TO: Amendment Section Division of Corporations *

United for I NAME OF CORPORATION:	Immigrants Legal Services Corp
N20000001019	
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee	e are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Susana Tamayo	
	(Name of Contact Person)
United for Imigrants Legal Services Corp	
	(Firm/ Company)
5449 S. Semoran Blvd Suite 213	
	(Address)
Orlando, FL 32822	
	(City/ State and Zip Code)
susana@unitedforimmigrants.com	
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matte	er, please call;
Susana Tamayo	407 394-5216
(Name of Contac	
Enclosed is a check for the following amount	t made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate of	Fee & \$\Bigcup \$\\$43.75 \text{ Filing Fee & Certificate of Status}\$ Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address	Street Address

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

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

Articles of Amendment to Articles of Incorporation of

,	Articles of Amendment	2
А	to articles of Incorporation of	
United for Immigrants Legal Services Corp		्रे
Name of Corporation as currently filed with the Flo	orida Dept. of State)	
N20000001019		-
(Document	Number of Corporation (if know	wn)
Pursuant to the provisions of section 617.1006, Florida amendment(s) to its Articles of Incorporation:	Statutes, this Florida Not For F	Profit Corporation adopts the following
A. If amending name, enter the new name of the cor	poration:	
		The new
name must be distinguishable and contain the word "co "Company" or "Co." may not be used in the name.	orporation" or "incorporated"	
B. Enter new principal office address, if applicable:	5449 S Semoran Blvd S	uite 213
(Principal office address <u>MUST BE A STREET ADD</u>)	RESS) Orlando, FL 32822	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	υ	
D. If amending the registered agent and/or registered new registered agent and/or the new registered o		ter the name of the
Name of New Registered Agent:	N/A	
New Registered Office Address:	(Floru	la street address)
	NIA	, Florida
	(City)	Florida
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent. I	stered Agent:	
	NIA	
	Signature of New Registers	d 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: X Change X Remove X Add	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add		919	
Remove			
2) Change Add	_	NIA	
Remove 3) Remove Add Remove		NIA	
4) Change Add		NIA	
Remove 5) Change Add		NIA	
Remove 6) Change Add		NIA	
		onal Articles, enter change(s) here: essary). (Be specific)	
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AIA	-			
10/17				
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The date of each amendment(s) adoption:	NIA			_, if other than the
date this document was signed.				_
Effective date if applicable: 08/24/2020				
	o more than 90 days after			1 12 3 3 3
Note: If the date inserted in this block does a document's effective date on the Department	not meet the applicable sta of State's records.	tutory filing requiremen	its, this date will not	be listed as the
Adoption of Amendment(s)	CHECK ONE)			
☐ The amendment(s) was/were adopted by was/were sufficient for approval.	y the members and the nun	nber of votes cast for th	e amendment(s)	

Dated	08/24/2020
Signatur	(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)
	Susana Tamayo