Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : I20200000064 Phone : (786)273-7055

Fax Number : (111)111-1111

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

Email Address: aylen@bookkeepingdonerightinc.com --

# COR AMND/RESTATE/CORRECT OR O/D RESIGN IMMIGRATION ASSOCIATES CORP.

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## (((H200003.18590.3)))

#### Articles of Amendment to Articles of Incorporation of

	)1
IMMIGRATION ASSOCIATES CORP.	
(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P01000040643	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co", "chartered," "professional association," or the abbreviation "P.A.	A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	<del></del>
C. Enter new mailing address, if applicable:	2020
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	2 !!
	93S + 1
	= :
D. If amending the registered agent and/or registered office ad-	
new registered agent and/or the new registered office addre-	55:
Name of New Registered Agent	<u> </u>
(Florida s	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	
Signature of New	Registered Agent, if changing

#### Check if applicable

 $\square$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

### (((H20000318590 3)))

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:

To:

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	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change     Change	PD	CARRILLO, PEDRO J	4700 NW 7TH STREET #10
Add			MIAMI, FL 33126
X Remove			
2) Change	P	CASIN, MIRIELA	4700 NW 7TH STREET #10
X Add			MIAMI, FL 33126
Remove 3) Change	v	CARRILLO, PEDRO J	4700 NW 7TH STREET #10
S Add			MIAMI, FL 33126
Remove			<u> </u>
4) Change			_
Add			
Remove			<u> </u>
5) Change			
Add			
Remove			
6)Change			
Add			
Remove			

To;

Attach additional.	heets, if necessary).	(Be specific)				
					<del></del>	-
	<u> </u>					
				_		
					<del></del>	_
-						
	<del></del>				<del></del>	
	_	<del></del> -				
·····	<del></del>					
<u>t an amendment</u> provisions for in	provides for an exclude plementing the ame	<u>hange, reclassific</u> endment if not co	ation, or cancella ntained in the an	tion of issued sh rendment itself:	ares,	
(if not applica	ible, indicate N/A)					
	<del></del> .		<del></del> _			_

From: AYLEN ARMAS-OCEJO Fax: 12058811104

To:

Fax: (850) 617-6380

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09/14/2020 10:34 AM

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	09/14/2020	,	
The date of each amendment(s) a	doption:	<del></del>	, if other than the
date this document was signed.			
	14/2020		
Effective date if applicable:	7 7 00	lays after amendment file date)	<del></del>
	(no more than 90 d	'ays after amenament file date)	
Note: If the date inserted in this bedocument's effective date on the De		ole statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adaction was not required.	opted by the incorporators, or boa	ard of directors without shareholder action and sl	hareholder
☐ The amendment(s) was/were ad- by the shareholders was/were so		umber of votes east for the amendment(s)	
		gh voting groups. The following statement te separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by _		n	
	(voting group)	<del></del> ,	
09/14/2020 Dated	and		
selecte		- if directors or officers have not been ands of a receiver, trustee, or other court	-
	PEDRO J CARRILLO		
	(Typed or printed nar	ne of person signing)	<del></del>
	VICE PRESIDENT		
	(Title of person signif	ng)	