P130000025585

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(December Number)
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS
JUL 19 2013
EXAMINER

COVER LETTER

25

TO: Amendment Section
Division of Corporations

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: IAM	grafin Law Group NYC. CON	4, P.A.
DOCUMENT NUMB	ER:		
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
- -	People's 701 Bric Miani	Firm/Company Kell Key Blud Suite CU-1 Address FL 33131 City/State and Zip Code	
	E-mail address: (to be us	Chez (aw (a) g Mail. CoM sed for future annual report notification)	
05 car	Suchez Contact Person	at (305) 606 7099 Area Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made p	payable to the Florida Department of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) ☐\$643.75 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ing Address adment Section	Street Address Amendment Section	

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301



Articles of Amendment to

Articles of Incorporation of

In migration Law Group NYC. CON, P.A.
(Name of Corporation as currently filed with the Florida Dept. of State)
P13000025585
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: People's before Law Group of A. The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered." "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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
(Florida street address)
New Registered Office Address: , Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: Thereby 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: X Change	<u>PT</u>	John Da	<u>) e</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1)Change				
Add				
Remove				
2) Change				
Add		Annual Annua		
Remove				, , , , , , , , , , , , , , , , , , ,
3)Change				
Add				
Remove				<u> </u>
4) Change				
Add				
Remove				
5) Change	CETTANEN MINE AND AND			
Add				
Remove				
6) Change				
Add				***
Remove				

ach additional sheets, if necessary).	(Be specific)			
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n amendment provides for an exc		:	allation of incural.	.b.a.u.a.
ovisions for implementing the am	endment if not c	contained in the	amendment itself	:
(if not applicable, indicate N/A)				
	······································	*************************************		***************************************
			 	
	N-1000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

The date of each amendment(s) ad	option: <u>7-13-13</u>	dment file date) TALLARETARY
Effective date if applicable:		13 JUL 17 AMIO
	(no more than 90 days after amend	dment file date) TALLAHASSEE. FLORIDA
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	FLORIDA
☐ The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes c	
	roved by the shareholders through voting groups each voting group entitled to vote separately on	
"The number of votes cast	or the amendment(s) was/were sufficient for app	proval
by		 .
•	(voting group)	
☐ The amendment(s) was/were ado action was not required.	oted by the board of directors without shareholde	er action and shareholder
The amendment(s) was/were ado action was not required.	oted by the incorporators without shareholder ac	tion and shareholder
Dated	13-13	
Signature		
selected	rector, president or other officer – if directors of , by an incorporator – if in the hands of a receive ed fiduciary by that fiduciary)	
	OSCA E. SA (Typed or printed name of person sign	an chez
	(Typed or printed name of person sign	ning)
	president	
	(Title of person signing)	