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Florida Department of State

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COR AMND/RESTATE/CORRECT OR O/D RESIGN AMERICAN IMMIGRATION ASSOCIATES, P.A.

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ſυ Articles of Incorporation of AMERICAN IMMIGRATION ASSOCIATES, P.A. (Name of Corporation as currently filed with the Florida Dept. of State) P13000051020 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation; A. If amending name, enter the new name of the corporation: AMERICAN IMMIGRATION ASSOCIATES, INC. 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.,1" 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 (filosida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appoinment as registered agent. I am familiar with and accept the obligations of the position,

Articles of Amendment

Signature of New Registered Agent, if changing

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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 file by the first letter of the office file.

P. President; V. Vice Prusident; T. Treasurer, S. Secretary, D. Directar: 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 PSI 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.

n xampie: - <u>X-</u> Change	<u>6T.</u>	John Do	nç.	
X Remove	Y	Mike Jo	nes,	
X Add	<u>\$V</u>	Sally Sn	nith	
<u>Pype of Action</u> (Check One)	Title		Name	Address
I) Change		_		
Add				
Remove				
2) Change		-		
Add				
Remove				
3) Change		-		
Add				
Remove				
4) Change		-		
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6) Change				
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Remove				
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	or adding additional onal sheets, if necessi	nyr (Be specific	:)			
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The date of each amendment(s) a date this document was signed.	doption:	
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Effective date ii appricaoie:	eno more than 90 days after amendment file d	nte)
Note: If the date inserted in this document's effective date on the fa	block does not meet the applicable statutory filing requirem epartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adding the shareholders was/were s	opted by the shareholders. The number of votes east for the culficient for approval.	imendmentis)
	proved by the shareholders through voting groups. The fallor reach voting group entitled to vote separately on the amends	
"The number of votes cas	(for the amendments) was/were sufficient for approval	
by		
☐ The amendment(s) was/were ac action was not (equired.	opted by the board of directors without shareholder action an	d shareholder
The amendment(s) was were ac action was not required	opted by the incorporators without shareholder action and shareholder	ireholder
Outed	Sucone of M. Tarour	/
(By a select	firector, president or other officer if directors or officers had do, by an incorporator if in the hands of a receiver, trustee, of the fiduciary by that fiduciary)	
	LUCIANE F M TAVARES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	