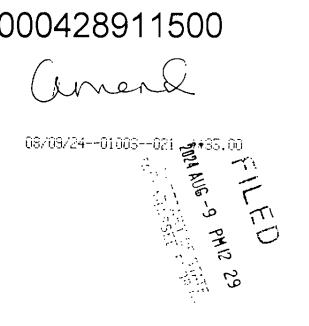
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

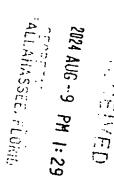
Office Use Only



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A. RAMSEY AUG +2-2024

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: USA IMMIGRAT	ION LEGAL SERVICES O	CORP		
	BER: P24000038189				
	es of Amendment and fee are su	bmitted for filing.			
Please return all cor	respondence concerning this ma	tter to the following:			
	RODOLFO COBAS				
		Name of Contact Person	1		
	COBAS LAW FIRM				
		Firm/ Company			
	7765 NW 48th St STE 240,				
		Address			
	Doral, FL 33166				
		City/ State and Zip Cod	e		
	DCODAGGCODAGLAW C	,			
	RCOBAS@COBASLAW.Co	sed for future annual report			
For further information concerning this matter, pleas SIOLY F RODRIGUEZ			3741566 _) de & Daytime Telephone Number		
Nam	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
A	mendment Section	Amendment Section			
	vision of Corporations	Division of Corporations			
	O. Box 6327		entre of Tallahassee		
T	illahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED
2024 AUG-9 PM12 29

USA IMMIGRATION LEGAL SERVICES CORP

	eiso com	
(Name	of Corporation as current	ly filed with the Florida Deptr of State) St.
P24000038189		15 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new n	name of the corporation:	
		The new
	Corp, " "Inc, " or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
B. Enter new principal office address, (Principal office address MUST BE A S		7765 NW 48th St STE 240, Doral, FL 33166
	/	
C. Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		7765 NW 48th St STE 240. Doral, FL 33166
D. If amending the registered agent at new registered agent and/or the ne Name of New Registered Agent		
	(Florida et	reet address)
	7765 NW 48th St STE 24	
New Registered Office Address:	7702744 4011 51 51 17 24	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis	changing Registered Agent tered agent. I am familiar	t: with and accept the obligations of the position.
<del>-</del>	Rodolfo Signature of Yew P	Cobas Registered Agent, if changing
Check if applicable		
☐ The amendment(s) is/are being filed p	oursuant to s. 607.0120 (11)	(e), F.S.

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>F' 1</u>	John De	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Jo	mes	
X Add	<u>SV</u>	Sally Si	nith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	PT		RODOLFO COBAS	7765 NW 48th St STE 240
X Add				Doral, FL 33166
Remove				· <u>-</u>
2) X Change	DIREC	`` <b>1</b> —	SIOLY F RODRIGUEZ	250 NE 25TH ST UNIT 1201
Add				MIAMI FL 33137
Remove Change	<del></del>			
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<del></del>
	<del></del>
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

07/01/2024 The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed. 07/01/2024 Effective date if applicable: (no more than 90 days after amendment file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. Adoption of Amendment(s) (CHECK ONE) The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required. 🗏 The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendmentts); "The number of votes cast for the amendment(s) was/were sufficient for approval (voting group) 08/08/2024 Dated Signature (By a director, president or other officer - if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

SIOLY F RODRIGUEZ

The state of

(Typed or printed name of person signing)

(Title of person signing)