P96 0000 94509

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
. (Document Number)
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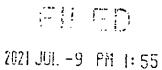
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	DRATION: THE IMMIGRATION	ON CENTER INC			
DOCUMENT NUN	1BER:	<u> </u>			
	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	MARISOL BROOKS				
		Name of Contact Persor	1		
	MTA & ASSOCIATES				
		Firm/ Company			
	7975 NW 154 STREET STE	430			
	Address				
	MIAMI LAKES, FL 33016				
		City/ State and Zip Cod	<u> </u>		
	MTATAX@LIVE.COM				
		sed for future annual report	notification)		
For further informati	on concerning this matter, plea-	se call:			
MARISOL BROOKS		305 at (827-6088 de & Daytime Telephone Number		
Name	e of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check t	for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations			
). Box 6327	The Centre of Tallahassee			
Ta	Hahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



THE IMMIGRATION CENTER INC

(Name of Corporation as curre	ntly filed with the Florida Dept, of State)
P96000094509	711 G 2011 7 200 1 1
(Document Numbe	r of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, thits Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation."	The new "company," or "incorporated" or the abbreviation "Corp.,"
"Inc.," or Co.," or the designation "Corp," "Inc.," or "Co", "chartered," "professional association," or the abbreviation "P.,	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>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Mulling dualess <u>mary the Arrogs, Granten word</u>)	
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office address	ess:
Name of New Registered Agent	
tFlorida	street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ent: ar with and accept the obligations of the position.
	•
Signature of New	v Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>		
X Remove	<u>V</u>	Mike Jone	<u> </u>	
X Add	<u>sv</u>	Sally Smit	<u>th</u>	
Type of Action (Check One)	<u>Title</u>	<u>.</u>	<u>vame</u>	<u>Addres</u> s
1) Change			ARMANDO FUSTER	9096 NW 148 ST
Add				MIAMI LAKES, FL 33018
X Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		
Add		_		
Remove				

	ng additional Articles, enter tets, if necessary). (Be spec	rific)	THE CALLED TO MAKE AND THE	CHADEC
ARMANDO FUSTER HAS TRANSFER 25% OF HIS SHARE AND NOW HE OWNES 0% OF HIS SHARES				
ARIE FUSTER HAS:	26% SHARES AND NOW S	HE OWNES 50%		
ARLOS FUSTER HAS	S 49% SHARES AND NOW	HE OWNES 50%		
			*	
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	ovides for an exchange, rec			
provisions for impl (if not applicable	ementing the amendment if e, indicate N/A)	not contained in the a	mendment itself:	

	06/01/2021	
The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	/01/2021	
Effective date <u>if applicable</u> :		
*****	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
hy	,"	
, 	(voting group)	
06/14/200 Dated	Museum Neestel	
	director, president or other officer – if directors of officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
	inted fiduciary by that fiduciary)	
	ARMANDO FUSTER	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	