

L09000083773



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Collins JUL 2 - 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSTITUTO POLITECNICO DE ORLANDO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PABLO COLON or MANUEL E. SANTANA

Name of Person

INSTITUTO POLITECNICO DE ORLANDO, LLC

Firm/Company

1419 W WATERS AVE., #102

Address

TAMPA FL 33604

City/State and Zip Code

paconu2000@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (**813**) _____ **774-3798**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

INSTITUTO POLITECNICO DE ORLANDO, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/31/2009 and assigned
Florida document number L09000083773

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INSTITUTO POLITECNICO DE TAMPA, IPT, MIAMI-CAMPUS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

8009 NW 36TH ST STE 236

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33166-6638

Enter new mailing address, if applicable:

1419 W. WATERS AVE #102

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA, FL 33604

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

JUNE, 25th, 2010

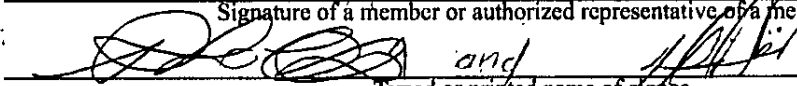
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TALLAHASSEE, FLORIDA

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FABLO COLON and MANUEL E. SANITANA

Signature of a member or authorized representative of a member



Typed or printed name of signee