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	Registration Se Division of Cor			
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SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		PABLO COLON		
			Name of Person	.
		INSTITUTO POLITECNIO	CO DE TAMPA, IPT - ORLAN	NDO CAMPUS
			Firm/Company	
		4765 OLD GOLDENROD	RD. STE.2	
			Address	
		ORLANDO, FL. 32822		
			City/State and Zip Code	
		PACONU2000@YAHOO.C		
		·	to be used for future annual report	nottreation)
For furth	er information c	oncerning this matter, please co	all:	
PABLO			813 299-9227 at () Area Code Da	
	Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed	l is a check for th	ne following amount:		
□ \$ 25.	00 Filing Fee	S30.00 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INSTITUTO POLITÉCNICO DE TAMPA, IPT - ORLANDO CAMPUS, 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 $\frac{03/24/2011}{1}$ and assigned Florida document number L11000035884 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Instituto Politecnico, IPT - Orlando Campus, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 4765 Old Goldenrod Rd. Ste.2 New Registered Office Address: Enter Florida street address

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 605, 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.

City

ORLANDO

, Florida ³²⁸²²

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP	MANUEL E. SANTANA	4765 OLD GOLDENROD RD. STE.2	🗀 Add
		ORLANDO, FL. 32822	DRemove
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			□Remove
			☐ Change
			□Add
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			Change
			□Add
			Remove
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· 		<u></u>	🗆 Add
			□Remove
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