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FALLAPASSTELFLORIDA

MAR 1 7 2016 S. YOUNG

## **COVER LETTER**

TO: Regi	istration Sec sion of Cor	ction porations		
CUDIECT.	Winter Park	International School LLC		
SUBJECT		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	_	
		Werner Macedo		
			Name of Person	
			Firm/Company	= -
		4705 S Apopka Vineland I	Road Suite 106	To the control of the
			Address	
		Orlando FL 32819		
		werner@groupfortress.com	City/State and Zip Code	ication)
		<del>-</del> - ·	to be used for future annual report notifi	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Werner Mace	edo		954 205 1300	
	Name of	f Person	at ()	Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 Fi	iling 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)
		NG ADDRESS:	STREET/COURIE Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WINTER PARK INTERNATIONA			
(Name of the Limit	ed Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L Florida document number L15000155857	iability Company	were filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	vility company here:	
Genium High School LLC			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or the ab	
Enter new principal offices address, if applic	able:	4705 S Apopka Vineland Road Suite 10	6 6 58
(Principal office address MUST BE A STREE		Orlando FL 32819	**************************************
	-		
			PH IS
Enter new mailing address, if applicable:		4705 S Apopka Vineland Road Suite 10	ره ) سيسر
(Mailing address MAY BE A POST OFFICE	BOX)	Orlando FL 32819	6 2: 35 21 DA
B. If amending the registered agent and, registered agent and/or the new registered or			the name of the new
Name of New Registered Agent:	Werner Maced	ю	
New Registered Office Address:	4705 S Apopka	a Vineland Road Suite 106	
The state of the s		Enter Florida street address	
	Oriando	Florida <sup>32</sup>	819
		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 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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
N/A	N/A	N/A	
		N/A	Remove
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			□ Remove
			□ Add
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			Change
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fective date, if other than the d in effective date is listed, the date must be ote: If the date inserted in this bloc cument's effective date on the Dep	be specific and cannot be prior to k does not meet the applicab	le statutory filing requirem-	(optional) days after filing.) Pursuant to 605.0 ents, this date will not be listed
record specifies a delayed ( The 90th day after the recor		an effective time, at 1	2:01 a.m. on the earlier
ted March 13	2016		
<b>\</b>		•	
<u>llwally</u>	ignature of a member or authoria		

Page 3 of 3

Filing Fee: \$25.00