

LO7 0000 51657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

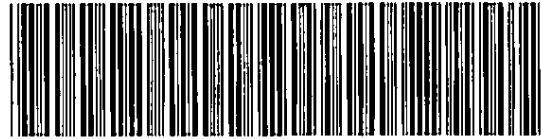
(Business Entity Name)

(Document Number)

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06/24/20--01021--004 **35.00

20 JUN 24 AM 9:59

D. BRUCE

AUG 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KIP SIU 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:

Charles R Camp

Name of Person

Gombos&Leyton

Firm/Company

11350 Random Hills Road

Address

Fairfax VA 22030

City/State and Zip Code

rcamp@glpclaw.com

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

For further information concerning this matter, please call:

Charles Camp

703

934 9833

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

20 JUN 24 AM 9: 39

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KIP SIU 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 May 15 2007 and assigned
Florida document number LO7000051657.

This amendment is submitted to amend the following:

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

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:

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 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>	<u>Type of Action</u>
MGR	Manuel Alonso Puig	8560 Ulmerton Road	<input checked="" type="checkbox"/> Add
		Largo Florida 33771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Virginia Richards	8560 Ulmerton Road	<input checked="" type="checkbox"/> Add
		Largo Florida 33771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Gerard M Francois	8560 Ulmerton Road	<input type="checkbox"/> Add
		Largo Florida 33771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Change Name of Member to Reigna Investments SL

Change the officers to Manuel Alonso Puig President and Manger

Delete the information on attachment

20 JUN 21 AM 9:59

E. Effective date, if other than the date of filing: _____ **(optional)**

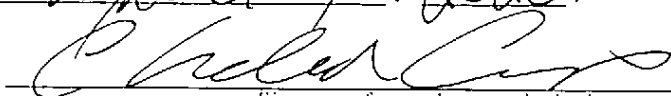
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

March 4, 2020.



Signature of a member or authorized representative of a member

Charles R Camp

Typed or printed name of signee

(a Florida Limited Liability Corporation)

Officers:

Manuel Alonso Puig	- President Schiller International University
Gerard M. Francois	- Treasurer & Assistant Secretary
Jeannette A. Drake	- Secretary
Virginia Richards	- Controller

Currently Issued Common Stock: (1,000 units)

Salem International University, LLC 1,000 units

Board of Directors:

Jack D. Bunce
Dr. Charles M. Cook
Dr. Jerry L. Gallentine
Javed Hamid
Russell E. Palmer
Humbert B. Powell III
Luis M. Prieto
John R. Torell III - Chairman
Manuel Alonso Puig