

LO7000051657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

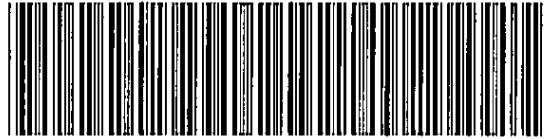
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900418604059

S. CHATHAM
NOV 15 2023

PROCTORS OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV 14 PM 2:01

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FL

2023 NOV 14 AM 8:27

FILED

CT CORP
(850) 656-4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 11/14/2023

Acc#I20160000072

en: c SW

Name:	KIP SIU LLC
Document #:	
Order #:	15223150

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
	Plain: <input checked="" type="checkbox"/>	
	COGS: <input type="checkbox"/>	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

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:

Matt Bowles

Name of Person

Hogan Lovells US LLP

Firm/Company

Columbia Square, 555 Thirteenth Street, NW

Address

Washington, DC 20004

City/State and Zip Code

matthew.bowles@hoganlovells.com

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

For further information concerning this matter, please call:

Matt Bowles

202 637 5766
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

**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 1.07000051657.

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

FILED
2023 NOV 14 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FL

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	Miguel Riano	C/O Reinga Investments, S.L.	<input type="checkbox"/> Add
		C Serrano 156	<input checked="" type="checkbox"/> Remove
		Madrid 28002	<input type="checkbox"/> Change
MGR	Carlos Tejera	C/O Reinga Investments, S.L.	<input type="checkbox"/> Add
		C Serrano 156	<input checked="" type="checkbox"/> Remove
		Madrid 28002	<input type="checkbox"/> Change
MGR	Alfonso Baron	C/O Reinga Investments, S.L.	<input type="checkbox"/> Add
		C Serrano 156	<input checked="" type="checkbox"/> Remove
		Madrid 28002	<input type="checkbox"/> Change
MGR	Vishwajeet Rana	C/O Global Edu Services Limited	<input checked="" type="checkbox"/> Add
		891 Greenford Rd	<input type="checkbox"/> Remove
		Greenford, London UB6 0HE, United Kingdom	<input type="checkbox"/> Change
MGR	Ray Lloyd	C/O Global Edu Services Limited	<input checked="" type="checkbox"/> Add
		891 Greenford Rd	<input type="checkbox"/> Remove
		Greenford, London UB6 0HE, United Kingdom	<input type="checkbox"/> Change
MGR	Petros Neocleous	C/O Global Edu Services Limited	<input checked="" type="checkbox"/> Add
		891 Greenford Rd	<input type="checkbox"/> Remove
		Greenford, London UB6 0HE, United Kingdom	<input type="checkbox"/> Change

FILED
 2023 NOV 04 AM 8:27
 SECRETARY OF STATE
 TALLAHASSEE FL

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	Marta Muniz	C/O Global Edu Services Limited	<input checked="" type="checkbox"/> Add
		891 Greenford Rd	<input type="checkbox"/> Remove
		Greenford, London UB6 0HE, United Kingdom	<input type="checkbox"/> Change
MGR	Ankur Mehta	C/O Global Edu Services Limited	<input checked="" type="checkbox"/> Add
		891 Greenford Rd	<input type="checkbox"/> Remove
		Greenford, London UB6 0HE, United Kingdom	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2024 NOV 19 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

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

Change Name of Member to Global Edu Services Limited

Remove Directors Miguel Riano, Alfonso Baron, and Carlos Tejera

Add Directors Vishwajeet Rana, Ray Lloyd, Petros Neocleous, Marta Muniz, Ankur Mehta

Currently Issued Membership Interests: 1,000 units, all held by Global Edu Services Limited

FILED
2023 NOV 14 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FL

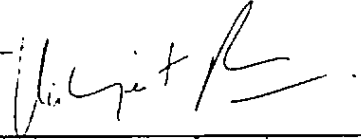
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 November 14, 2023



Signature of a member or authorized representative of a member

Vishwajeet Rana

Typed or printed name of signee

Filing Fee: \$25.00