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EXAMINER



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COVER LETTER

The state of the s
TO: Registration Section Division of Corporations
SUBJECT: NAPIES INTERNATIONAL COASSATION FOR Name of Limited Liability Company HIGHER EDUCATION, LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
C. G. Beckwith, Tr. Name of Person
MICHE Firm/Company
28000 Spanish Wells Blod, Box 102
Bonta Springs, FL 34135 City/State and Zip Code
Eve further information concerning this matter places cells.
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Bound Filing Fee & Bound Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \text{Certified Copy} & Certified Copy & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compo	Saletron & any as it now appears op our Liability Company)	Migher Education		
The Articles of Organization for this Limited Liability Company Florida document number <u>LO 80006/99</u> /_	y were filed on	Sh 1, 200 Pand assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		0.0 S		
		\(\begin{array}{c} \overline{\pi} \o		
		# 23		
Enter new mailing address, if applicable:		, , , , , , , , , , , , , , , , , , ,		
(Mailing address MAY BE A POST OFFICE BOX)				
		8		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on our reco re:	rds, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	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 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	<u>Name</u>	Address	Type of Action
Charman-	Bryan E. Carlson	3 Centernial Drive Featody, MH 01960	Add Remove
MGRM	George T. Matthews	3 Centennial Drive Deabody, MA 01960	Add Remove
	·		Add Remove
			Add Remove
			_□Add _□Remove -
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
			<u>-</u> -
_			-
Dated ()	te July 20, 20		
_	C.G. Beckwith	authorized representative of a member WGRM printed name of signee	
		Page 2 of 2	

Filing Fee: \$25.00