Division of Corporations **Electronic Filing Cover Sheet**

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(((H16000233645 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (B50)205-8842

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN U.S. NEWS UNIVERSITY CONNECTION, LLC

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Corporate Filing Menu

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K. SALY

9/20/2016

COVER LETTER

	ation Section n of Corporatio	ons ·		
SUBJECT:	US	News Univer	-sity Connection, LLC	
		Name of Lin	offed Mability Company	
The anclosed Ar	ticles of Amend	ment and fee(s) are sub	omitted for filing.	
Please return all	correspondence	concerning this matter	to the following:	·
		Ranc	dy Haynes Name of Person	
		Bick	Education, Inc.	
			• •	
		9417	Princess Palm Avenue	
			Address	
		Ta	impa, FL 33619	
			City State and Lip Code	
	 ~	Fandy -	haynes & bisk. Com	fication)
For further infor	mation concerni	ng this matter, please c	•	
В	ill Gerry		nt (813) G21-G	200
	Name of Person	,	Aren Code Daytim	e Telephone Number
Enclosed is a che	ck for the follow	ving amount:		•
□ \$25.00 Filing		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Contified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is exclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SEP 20
TALLAHASST OF SA
2016 SEP 20 AM 10: 25 TALLAHASSEE, FLAND

U.S News Vaiver	sily Connection, LLC	LURION
(Name of the Limited Linb (A Flori	sility Company as it new appears on our records ida Limited Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:	·············	
A. If amending name, enter the new name of the li	mited liability company bere:	
College Connections, LLC The new name must be distinguishable and contain the words "Li	imited Lishility Company" the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL	-	
Enter new mailing address, if applicable:		•
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records. Idress here:	, enter the name of the n
Name of New Registered Agent:	,	
New Registered Office Address:	Enter Florida street address	
		rida
	Clty	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 = N	Nanager Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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re date, if other than the date of filing: tive date is listed, the date must be specific and cam f the date inserted in this block does not meet ht's effective date on the Department of State	the applicable :	ic of filing or more statutory filing re	(option: han 90 days after fill quirements, this da	al) ing.) Pursuant to 605.0 ate will not be listed
rd specifies a delayed effective date Oth day after the record is filed.	, but not an	effective time	e, at 12:01 a.n	n, on the earlier
7/14/16				
Nowa M Brok	a	r GP of New	of Holding Ll	Congacoing me
Signature of a memb	act of anguoused	rehresementae or d	11101111700	

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850-617-8381

9/21/2018 11:05:10 AM PAGE 1/001 Fax Server



September 21, 2016

FLORIDA DEPARTMENT OF STATE CONTRACTOR

U.S. NEWS UNIVERSITY CONNECTION, LLC

9417 PRINCESS PALM AVE.

SUITE 700

TAMPA, FL 33619

SUBJECT: U.S. NEWS UNIVERSITY CONNECTION, LLC

REF: L08000091588

doio of statistical

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L12000101255 "UNIVERSITY CONNECTION, LLC".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If youohave any questions concerning the filing of your document, please call (850) 245-6051.

Karen Saly Regulatory Specialist II

FAX Aud. #: H16000233645 Letter Number: 516A00020260

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