originally faxed 7/26 (see confirmation below) - please file w/ 7/26 file date as soon as possible



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000284177 3)))



H210002841773ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:	Division of Co	rporations	20
		: (850)617-6383	. 2
From:			· <u></u>
	Account Name	: CAPITOL SERVICES, INC.	· ~
	Account Number	: 120160000017	97
	Phone	: (855)498-5500	
	Fax Number	: (800)432-3622	<u></u>
			; 5
		r this business entity to be a . Enter only one email address	
n11	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WALDEN UNIVERSITY, LLC

***faxed 7/26 - confirmation attached. Please file with 7/26 file date.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

*** faxed 7/26 - confirmation attached. Please file with 7/26 file date.

1	17	1	• • • • • • •	:	0711	:	Menu
ı	11.	rec	man	IC.	11 11	mu	MICHIL

Corporate Filing Menu

Help

COVER LETTER

		stration Section of Corpu				•	· ·	
~		Walden Univ	ersity, LLC		•			
SUBJEC	JI: .		······································	Name of Limite	ed Liability Cor	npany		
The anal	acad	articles of A	nendment and fe	ects) are suhm	otted for filing			
Please re	turn	all correspond	lence concerning	this matter to	the following	ζ;		
					Name of I	Person	·	
					Firm/Cor	npany		
				_	Addre	rss		
					City/State and	Zin Code		
					Cityratate and	zip code		
			E-n	nail address: (to	be used for ful	ure annual repo	rt notification)
For furth	her in	formation co	ncerning this mat	tter, please cal	11:			
					at (Code I		
		Name of	Person		Area	Code I	Daytime Telep	hone Number
Enclosed	d is a	check for the	following amou	int				
□ \$2 5	.00 F	Filing Fee	S30.00 Filir Certificate		Certifie	Filing Fee & d Copy al copy is enclosed		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Мa	iling Address				Street Addr	ess:	
	Re	gistration S	ection			Registratio	n Section	
		vision of Co				Division o		
), Box 6327 Jahassee, F						assee eet, Suite 810
	idi	ianassee, l	. 34317			Tallahasse		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Walden University, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000031621</u> .	were filed on 04/01/2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7065 Samuel Morse Drive
(Principal office address MUST BE A STREET ADDRESS)	Columbia, MD 21046
Enter new mailing address, if applicable:	7065 Samuel Morse Drive
(Mailing address MAY BE A POST OFFICE BOX)	Columbia, MD 21046
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
	, Florida 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>	Address	Type of Action
MGR	Luis Duran	650 South Exeter Street	□Add
		Baltimore, MD 21202	≅Remove
		····	Change
MGR	Toni Freeman	7065 Samuel Morse Drive	
		Columbia, MD 21046	□Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
		<u></u>	Change
			Remove
			Change
			ПRеточе
			□Change

H21000284177 3

-	
	
Note: If	e date, if other than the date of filing: (optional) (ive 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 005.0207 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
the record : cord is filed	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 d.
Dated	July 26 2021
	TUKO
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

H21000284177 3