## L0900051722

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
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## **COVER LETTER**

	ision of Corpo			
SUBJECT:		ERNATIONAL COLLEGE, I	LLC	
Sobsect.		Name of Limit	ed Liability Company	
		nendment and fee(s) are submence concerning this matter to	-	
		YEZID A ARANGO		
			Name of Person	<del> </del>
		CENSA INTERNATIONA	L COLLEGE, LLC	
			Firm/Company	<del></del>
		3420 W 84th Street Suites 1	04-110	•
			Address	<del></del>
		Hialeah, FL 33018		
			City/State and Zip Code	<del></del>
		yarango@censacollege.com		
			be used for future annual report notificati	ion)
For further i	nformation con	cerning this matter, please cal	ll:	
Yezid A. A	rango		305 817-8800 at ()	
	Name of Pe	erson	Area Code Daytime Tel	lephone 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECHETARY OF STATES

CENSA INTERNATIONAL COLLEGE, 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 L	iability Compan	y were filed on <u>5/28/2009</u>	and assigned
Florida document number L09000051722	·		•
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE)	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of	<b>₩</b>		ecords, enter the name of the nev
Name of New Registered Agent:	Yezid A. Ara	ngo	
New Registered Office Address:	15076 SW 19	th Court	
•		Enter Florida stree	t address
	Miramar		, Florida <u>33027</u>
		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>	Type of Action
MGR	Yezid A. Arango	15076 SW 19th Court	
		Miramar, FL 33027	□ Remove
			_ ☐ Change
MGR	Albert C Gomez	3420 W 84 St Suite 104	□ Add
		Hialeah Gardens, FL 33018	■ Remove
			Change
MGR	Albert Corredor-Gomez	3420 W 84 St Suite 104	<b> ⊒</b> Add
		Hialeah Gardens, FL 33018	□ Remove
			□ Change
			Add
	•		☐ Remove
			☐ Change
		_	□ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			□ Change

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eed for this officer).	•
ИGR: Yezid A. Arango	
MGR:Albert Corredor-Gomez	
MGR: Albert Y. Corredor Bustamante	
	7) Ö
	70
ve date, if other than the date of filing:  ective date is listed, the date must be specific and cannot be prior to date of f  If the date inserted in this block does not meet the applicable statut  ent's effective date on the Department of State's records.	(optional)  iling or more than 90 days after filing.) Pursuant to 605  ory filing requirements, this date will not be liste
ord specifies a delayed effective date, but not an effe 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
July 20 2015	

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Typed or printed name of signee

Filing Fee: \$25.00