end of 1 Division of Corporation orida Department of State Division of Corporations Electronic Filing Cover Sheet 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. (((H13000122351 3))) H130001223513ABCS Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 : (305)633-9696 Fax Number AM **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 2023 œ IRID 00 Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOSANNA COLLEGE OF HEALTH AT THE CENTER FOR HAITIAN 08 ເມ Certificate of Status 0 <u>...</u> RECEIVED Certified Copy 0 F Page Count 04 ហុ Estimated Charge \$25.00 NN က B. BOSTICK JUN - 6 2013 Electronic Filing Menu Corporate Filing Menu Help EXAMINER https://efile.sunbiz.org/scripts/efilcovr.exe 6/3/2013 3026333666

86:01 6102/50/90

TO: Registration : Division of C	Section	COVER LETTER	H13000 1323
SUBJECT: hosan		at the center for haitiens	S STUDIES, LLC
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	soudence concerning this matter	to the following:	
	Michelle Des	sarmes	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	·	Firm/Company	·
	10240 sw 13	3 street	
		Address	
	Pembroke P	ines, florida 330	25
	hosanna38@yaho	City/State and Zip Code	2011 TAL
		o be used for future annual report notifi	SECRE IN TALLAHA
For further information			
	concerning this matter, picase c	ult:	
		954 <mark>,274-07</mark>	72 -5 A
Michelle D			72 Telephone Number To 2 8.
Michelle D	esarmes	954 <mark>,274-07</mark>	72 Telephone Number
Michelle D	esarmes	954 <mark>,274-07</mark>	72 a Telephone Number
Michelle D Name Enclosed is a check for \$25.00 Filing Fee MAll Regis Divisi	esarmes of Person the following amount: DS30.00 Filing Fee & Certificate of Status	at (<u>954</u> <u>274-07</u> Area Code & Daytime D\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) STREET/COURII Registration Section Division of Corpora	72 a Telephone Number ☐\$60,00 Filing Fee, Certificate of Status & Certificate of Status &
Michelle D Name Enclosed is a check for \$25.00 Filing Fee MAU Regis Divisi P.O. H	esarmes of Person the following amount: DS30.00 Filing Fee & Certificate of Status	at (<u>954</u> <u>274-07</u> Area Code & Daytime D\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) STREET/COURII Registration Section	72 a Telephone Number □\$60.00 Filing Fee, Certificate of Status & Certificate Copy (additional copy is enclosed) ER ADDRESS: n ations nter Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOSANNA COLLEGE OF HEALTH AT THE CENTER FOR HAITIAN STUDIES, LLC. (Name of the Limited Liability Company as it now appears in our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>10-01-2012</u> and assigned Florida document number <u>L12000067053</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

HOSANNA COLLEGE OF HEALTH, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

Suite 301		دىن 	
Miramar, Florida 33023	11 11 11	UN	
	ISS SSI	сл U	[
6151 Miramar Parkway	ڪي ڪي	P	$\{ \cap \}$
Suite 301			J
Miramar, Florida 33023	RIE		
		0	

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Pico

6151 Miramar Parkway

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:	6151 Miramar Parkway ste 301		
	Enter Florida street address		
	Miramar	, Florida 33023	
	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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

.

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MGR = Manager MGRM = Managing Member

. .

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1

<u>Title</u>	Name	Address	Type of Action
MGR	Dr. Jackson Augustin	6151 Miramar Parkway	X Add
		Suite 301	Remove
		Miramar, FL 33023	
MGR	Jackson Augustin	8260 NE 2nd Ave.	Add
		Miami, FL 33138	X Remove
			Add
<u></u>		<u></u>	Add
			Remove
			Add
			Remove
		`	

H13000122351 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated June 3rd 2013 Signature of a men of a membe Dr Jackson Augustin Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00 SECREIARY OF STATE 2013 JUN -5 AM 8: 09



850-617-6381



June 5, 2013

FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY DATASH US

SUBJECT: HOSANNA COLLEGE OF HEALTH AT THE CENTER FOR HAITIAN STUDIES, LLC REF: L12000067053

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 of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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

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

Barbara Bostick Regulatory Specialist II FAX Aud. #: H13000122351 Letter Number: 413A00014027

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2013 JUN ហ F17 AM \Box ထ္ 60

P.O BOX 6327 - Tallahassee, Florida 32314

LORI

850-617-6381





June 5, 2013

FLORIDA DEPARTMENT OF STATE

BOSANNA COLLEGE OF HEALTH AT THE CENTER FOR HAITIAN STU 6151 MIRAMAR PARKWAY SUITE 301 MIRAMAR, FL 33025US

SUBJECT: HOSANNA COLLEGE OF HEALTH AT THE CENTER FOR HAITIAN STUDIES, LLC REF: L12000067053

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.

If you are changing the name of the company, you must put LLC at the end of the new name.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis Regulatory Specialist II Registration/Qualification Section

FAX Aud. #: H13000122351 Letter Number: 613A00014030

RECEIVED 13 JUN - 5 PM 12: 08 SECRETARY OF STATE FALLAHASSEE. FLORIDA 2013 JUN -5 AM 8: 09 SECRETARY OF STATE ALLAHASSEE, FLORIDA

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P.O BOX 6327 - Tallahassee, Florida 32314