

**L12000112705**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

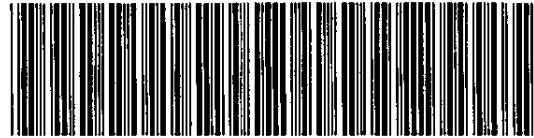
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

D. SCOTT  
NOV 10 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LA SALLE INTERNATIONAL COLLEGE LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE C DAHL

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

12250 MENTA STREET SUITE #105

\_\_\_\_\_  
Address

ORLANDO, FL 32837

\_\_\_\_\_  
City/State and Zip Code

RGBOOKKEEPING@AOL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCO JIMENEZ

407 435-3563

\_\_\_\_\_  
Name of Person

at ( )  
Area Code

\_\_\_\_\_  
Daytime Telephone 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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

LA SALLE 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 Liability Company were filed on 09/04/2012 and assigned  
Florida document number L12000112705.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7862 W IRLO BRONSON HWY DUITE 193

(Principal office address MUST BE A STREET ADDRESS)

KISSIMMEE, FL 34747

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

GEORGE C DAHL

New Registered Office Address:

12250 MENTA STREET, SUITE 105

*Enter Florida street address*

ORLANDO

, Florida 32837

*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>	<u>Type of Action</u>
MGRM	DENISE JESUS JIMENEZ	7862 W IRLO BRONSON HWY S	<input checked="" type="checkbox"/> Add
		SUITE 193	<input type="checkbox"/> Remove
		KISSIMME, FL 34747	<input type="checkbox"/> Change
AMBR	MARCO JIMENEZ	7862 W IRLO BRONSON HWY	<input checked="" type="checkbox"/> Add
		SUITE 193	<input type="checkbox"/> Remove
		KISSIMMEE, FL. 34747	<input type="checkbox"/> Change
MGRM	DENISE J LASSALLE	7862 W IRLO BRONSON HWY	<input type="checkbox"/> Add
		SUITE 193	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL, 34747	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Signature of a n

Signature of a member or authorized representative of a member

MARCO JIMENEZ

Typed or printed name of signee

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