L13000007603

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COVER LETTER

TO: Registration Section
Division of Corporations

BIECT. Liberty International University

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:

Gustavo Tellez, Esq.

Name of Person

Tellez & Associates, P.A.

Firm/Company

1200 Brickell Avenue, Suite 230

Address

Miami, Florida 33131

City/State and Zip Code

gustavotellez540@hotmail.com

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

For further information concerning this matter, please call:

Gustavo Tellez, Esq.

__305

298 - 5185

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2014 MAY -2 AM 10: 55

CECEL MARY OF STATE TALLAHASSEE, FLORIDA

Liberty International University, 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 Con	npany were filed on	01/15/2013	and assigned
Florida document number L1300007603			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company he	ere:	
GADIT INTERNATIONAL UNIVERSITY,			
The new name must be distinguishable and end with the words "Limite	ed Liability Company," the	designation "LLC" or the al	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE,	<u>SS)</u>		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address		our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address	33 Here .		
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	rida street address	
		Florida	
	City	, 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = 'AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Remove
			Add
			□ Remove
			□ Remove
			Add
			Rcmove
			□ Remove

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