

**L13000038092**

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

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(Address)

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

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

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PICK-UP

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WAIT

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MAIL

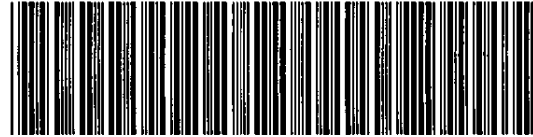
\_\_\_\_\_  
(Business Entity Name)

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

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DIVISION OF COURT REPORTERS

**O SIMMONS**

**DEC 22 2016**

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANDRAGOGY AUTONOMOUS UNIVERSITY 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:

JONATHAN ASERRAF

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

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

7950 NW 53RD STREET, SUITE 337

\_\_\_\_\_  
Address

MIAMI, FLORIDA 33166

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

JA@OFFIXSOLUTIONS.COM

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

For further information concerning this matter, please call:

JONATHAN ASERRAF

305 799-1576  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ANDRAGOGY AUTONOMOUS UNIVERSITY LLC

Page 1 of 3

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	Mendoza de Alvarez, Lisbeth M	7950 NW 53RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 337	<input type="checkbox"/> Remove
		MIAMI, FL 33166	<input type="checkbox"/> Change
MGRM	Rodriguez Olivet, Carlos Leonel	7950 NW 53RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 337	<input type="checkbox"/> Remove
		MIAMI, FL 33166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 DEC 29 AM 11:48  
 DIVISION OF BANKING AND FINANCIAL SERVICES

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

16 DEC 19 AM 11:48  
DIVISION OF CORRECTIONS

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective 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 605.0207 (3)(b)

**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.

If the record 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 record is filed.

Dated December 15th, 2016

HECTOR MARTINEZ

Signature of a member or authorized representative of a member

HECTOR MARTINEZ

Typed or printed name of signee