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## **COVER LETTER**

Div	ision of Corpo	rations			
SUBJECT:		SY AUTONOMOUS UNIVE	ERSITY LLC		
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	l Articles of Ar	mendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	ence concerning this matter t	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)			
		·	•	ation)	
For further in	nformation con-	cerning this matter, please ca	11:		
JONATHAN	N ASERRAF		305 799-1576 at ()		
	Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling 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)	

**Registration Section** 

TO:

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

## ANDRAGOGY AUTONOMOUS 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 Company	03/13/2013	
I 12000020002	were filed on	and assigned
Florida document number L13000038092		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	·
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
		<b>元</b>
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		量じ
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- CO
B. If amending the registered agent and/or registered off	ice address on our reco	ede anton the name of the new
registered agent and/or the new registered office address here  Name of New Registered Agent:		us, enter the name of the nev
Name of New Registered Agent:		us, enter the name of the nev
registered agent and/or the new registered office address here		
Name of New Registered Agent:	Enter Florida street add	ress
Name of New Registered Agent:	Enter Florida street add	
Name of New Registered Agent:	Enter Florida street add	ress

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>	Address	Type of Action
MGRM	Mendoza de Alvarez, Lisbeth M	7950 NW 53RD STREET	■ Add
		SUITE 337	☐ Remove
		MIAMI, FL 33166	□ Change
MGRM	Rodriguez Olivet, Carlos Leonel	7950 NW 53RD STREET	
		SUITE 337	□ Remove
		MIAMI, FL 33166	□ Change
			Add
			□ Remove
			□ Change
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Effective date, if other If an effective date is listed, to Note: If the date inserted document's effective date	he date must be specif I in this block does	fic and cannot be prior not meet the applic	able statutory filing	(option than 90 days after the grequirements, this	nal) filing.) Pursuant to 605.0207 ( date will not be listed as the
ne record specifies a The 90th day after			t an effective ti	me, at 12:01 a	.m. on the earlier of:
		2016			
DatedDecember 15th		,	·		
Dated December 15th		of a member or author		of a member	

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Filing Fee: \$25.00