

L13000100438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

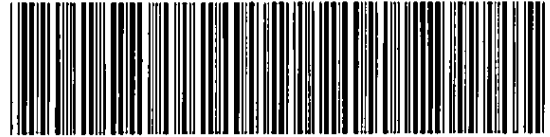
(Business Entity Name)

(Document Number)

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**FILED**

1011 NOV - 5 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FL

18 NOV - 5 PM 4:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

UKS  
11-6-18

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 471120 4303929

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : November 5, 2018

ORDER TIME : 3:31 PM

ORDER NO. : 471120-005

CUSTOMER NO: 4303929

DOMESTIC AMENDMENT FILING

NAME: NATIONAL YOUNGARTS FOUNDATION  
CAMPUS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS: \_\_\_\_\_

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

NATIONAL YOUNGARTS FOUNDATION CAMPUS, 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 07/15/2013 and assigned  
Florida document number L13000100438.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

Enter new mailing address, if applicable:

N/A

**(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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>
CEO	Carolina Jayaram	2100 Biscayne Blvd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	Harry Hersh	2100 Biscayne Blvd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PCEOMGR	Sarah Arison	2100 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
SMGR	Richard Kohan	2100 Biscayne Blvd.	<input checked="" type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
TMGR	John O'Neil	2100 Biscayne Blvd.	<input type="checkbox"/> Add
		Miami, FL 33137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2014 NOV - 5 AM 8:53  
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 TALLAHASSEE, FL

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

N/A

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2018 OCT 25 AM 8:53  
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TALLAHASSEE, FL

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

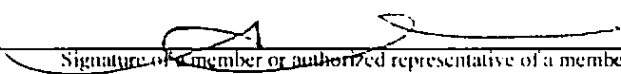
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 October 24 2018

  
Signature of member or authorized representative of a member

Sarah Arison

Typed or printed name of signee