# L140000121237

| (Re                     | equestor's Name)   | · · · · ·   |
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| PICK-UP                 | TIAW [             | MAIL        |
| (Bu                     | isiness Entity Nar | ne)         |
| (Do                     | ocument Number)    |             |
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SECRETARY OF STATE

# **COVER LETTER**

| TÖ:      | Registration Se<br>Division of Cor |   |   |   |
|----------|------------------------------------|---|---|---|
| CUBIC    | CT:                                | _iberty Global Schoo                            | ol of International Bus   | siness  |
| SUBJE    | CI:                                | Name of Limi                                    | ited Liability Company  |   |
| The end  | closed Articles of                 | Amendment and fee(s) are sub-                   | mitted for filing.  |   |
| Please 1 | eturn all correspo                 | indence concerning this matter                  | to the following:   |   |
|          |                                    | Gus   | stavo Tellez, E   | sq.   |
|          |                                    |   | Name of Person  |   |
|          |                                    | Tellez  | & Associates,   | P.A.  |
|          |                                    |   | Firm/Company  |   |
|          |                                    | 1200 Brick                                      | kell Avenue, Su   | ıite 230  |
|          |                                    |   | Address   |   |
|          |                                    | Mian  | ni, Florida 3310  | 31  |
|          |                                    | gustav  | City/State and Zip Code otellez540@hotmail.c                        | com   |
|          |                                    | E-mail address: (1                              | to be used for future annual report i                               | otification)  |
| For furt | her information c                  | oncerning this matter, please ca                | all:  |   |
| (        | Gustavo                            | Tellez, Esq.                                    | 305 29  | 98 - 5185   |
|          | Name o                             | f Person  | Area Code Days  | ime Telephone Number  |
| Enclose  | ed is a check for t                | he following amount:                            |   |   |
| □ \$25   | 5.00 Filing Fee                    | □ \$30.00 Filing Fee &<br>Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liberty Global School of International Business, LLC

FILED

2014 MAY -2 PM 4: 21

SECRETARY OF SEMIE TALLAHASSEE, FLORDA

| ( <u>Name of the Limited Liabi</u> )<br>(A Florid   | la Limited Liability Company)    | on our records.)             |                    |
|---|----------------------------------|------------------------------|--------------------|
| The Articles of Organization for this Limited Liability (Florida document number L1400021237          | Company were filed on            | 02/07/2014                   | and assigned       |
| This amendment is submitted to amend the following:   |                                  |                              |                    |
| A. If amending name, enter the new name of the lim  | nited liability company he       | <u>re</u> :                  |                    |
| GADIT GLOBAL SCHOOL OF INTERN   | NATIONAL BUSINE                  | ESS, LLC                     |                    |
| The new name must be distinguishable and end with the words "I.                                       | imited Liability Company," the c | lesignation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable:   |                                  |                              |                    |
| (Principal office address MUST BE A STREET ADD.   | RESS)                            |                              |                    |
|   |                                  |                              |                    |
|   |                                  |                              |                    |
| Enter new mailing address, if applicable:   |                                  |                              |                    |
| (Mailing address MAY BE A POST OFFICE BOX)  |                                  |                              |                    |
|   |                                  |                              |                    |
| B. If amending the registered agent and/or regi registered agent and/or the new registered office add |                                  | our records, <u>enter th</u> | ne name of the nev |
| Name of New Registered Agent:   |                                  |                              | ·····              |
| New Registered Office Address:  |                                  |                              |                    |
| g   | Enter Flori                      | da street address            |                    |
|   |                                  | , Florida                    |                    |
| <del></del>   | City                             |                              | Zıp 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</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

| <u> Title</u> | <u>Name</u> | Address  | Type of Action |
|---------------|-------------|--|----------------|
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| ne date this docume. | other than the date of st be specific, cannot be priont is filed by the Florida Dep. | filing:  r to date of receipt or filed date and cannot be artment of State) | (optional)<br>more than 90 days after |
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| e date this docume   | nt is filed by the Florida Dep.  | artment of State)   |                                       |
| date this docume     | nt is filed by the Florida Dep. April 29  Signature                                  | artment of State)   | f a member                            |

Page 3 of 3

Filing Fee: \$25.00

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SEPANIZEE FLORIDA