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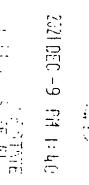
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Special Instructions to Fi	ling Officer:	

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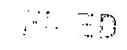
TO:

Registration Section
Division of Corporations

UNIVERSI SUBJECT:	DAD CESAR VALLEJO, LL	C	
3013EC1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cesar A. Acuna		
		Name of Person	
	UNIVERSIDAD CESAR	VALLEJO, LLC	
		Firm/Company	
	200 South Biscayne Boule	evard, Suite 20-117	
		Address	
	Miami, FL 33131		
		City/State and Zip Code	
	cesaracuna@ucv.edu.pe		
	E-mail address: (to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca	all:	
Cesar A. Acuna		832 212-3455	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 DEC -9 PM 1:41

UNIVERSIDAD CESAR VALLEJO, LLC

(<u>Name of the Limited</u>) (A	Liability Compa Florida Limited	ny as it now appears on our r Liability Company)	records) . CESTATE
The Articles of Organization for this Limited Liabi	ility Company	were filed on 4/15/2015	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	<u>e limited liab</u>	ility company here:	
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		200 South Biscayne Boulevard, Suite 20-117	
(Principal office address MUST BE A STREET A	ADDRESS)	Miami, FL 33131	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		200 South Biscayne Boul	levard, Suite 20-117
		Miami, FL 33131	
B. If amending the registered agent and/or registered agent and/or the new registered office address had been address had been agent.			enter the name of the new registe
	200 Ct Bi	D	
New Registered Office Address:	200 South Bisc	eayne Boulevard, Suite 20-1 Enter Florida street i	
	Miami		Florida 33131
-		City	

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>	Address	Type of Action
MGR	Cesar A. Acuna	200 South Biscayne Boulevard, Suite 20-117	= Add
		Miami, FL 33131	□Remove
			□Change
MGR Dr. Juan Manuel Pacheco	Dr. Juan Manuel Pacheco		□Add
		■Remove	
			□Change
		□Add	
			□Remove
			□Change
			□Add
			□Remove
		□Change	
		□ Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□ Change

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Effective	date, if other than the date of filing: (optional)
(If an effect Note: If	date, if other than the date of filing:
	Us effective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ora is mea	•
Dated O	ctober 25. 2021
	Signature of a member or authorized representative of a member
	Cesar A. Acuna
	Typed or printed name of signee

Filing Fee: \$25.00