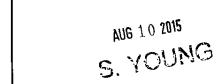
LECOBYA

(Requestor's Name)
(Address) -
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only





000275835170

08/07/15--01020--022 **30.00

ANSSE

'n

I AN SENDING THIS AMENDMENT BECAUSE I MISUNDERSTOOD THE ENTRY "INITIAL" WHEN I WAS CREATING , THE LLC ONLINE.

MY NAME AND THE OTHER MANAGER NAME HAVE
NO INITIAL FOR WINDLE NAMES,

DE PAOLA NETO, ERALDO
(FIEST NAME)

DIAZ CANTARERO, CONCEPCIONI

(LAST NAME) (FIRST NAME)

I ALSO TOOK OFF THE DOTS FROM THE LLC NAME. THANK YOU!

CORDIALLY

ERALDO DE PAOLA NETO ____ AUG 4th 2015

COVER LETTER

SUBJECT: CCIE	E WINTENN W	Verld School, L.	L·C·
	Name of Lin	nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Enaldo de T	Paola .	
		Name of Person	
	CCIE WEST	ERN WORLD SCHOOL	-, C. L. C.
		Firm/Company	12 G
	2. S. Bisc	AYNE BLUD , SHITE :	3760 MAR TI
		AYNE BLUD, SUITE	3760
	Missui El	22121	
	Pot retool 1 4 L	, 33131 City/State and Zip Code	
	CCIE WNS	(to be used for future annual report notific	हिंते हैं
•	E-mail address:	(to be used for future annual report notific	cation)
For further information con-	cerning this matter, please o	eall:	
ERALDO DE	PAOLA	at (<u>786</u>) 241 - 7	1000
Name of Pe	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	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 ADDRESS:

Registration Section

Division of Corporations

TO:

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

(Name of the Limited Linkillity Com	
(A Florida Limited (A Florida Limited)	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number $\bot 1500125472$.	ny were filed on y/y , 22, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
CCIE WESTERN WORLD SCHO	DOL, LLC
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registered registered agent and/or the new registered office address h 	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	
Ten Registered Office / Idaioss.	Enter Florida street address
	, Florida
	, 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> **Type of Action Name** Address MGR ERALDO DE PAOLA NETO 2 S. BISCAYNE BLVD, SUITE 3760 Add MAMI, FL, 33131 _□ Change CONCEPCION DIAZ CANTARERO 2 S BISCAYNE BLVD, SUITE 3760 Add MGR MAMI, FL, 33/31 _□ Remove _□ Change ☐ Remove ☐ Change □ Remove ∵ □'Ćhange □ Add _□ Remove ☐ Change

□ Add

□ Remove

_□ Change

-	
11.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	_
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of	(optional)
e: If the date inserted in this block does not meet the applicable statutory fi	ling requirements, this date will not be listed
ument's effective date on the Department of State's records.	· 2 - 7
	19.A Z
record specifies a delayed effective date, but not an effective	e time, at 12:01 a.m. on the earlier
he 90th day after the record is filed.	, , ,
ed,	
	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representat	
	tre via a member

Page 3 of 3

Filing Fee: \$25.00