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(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone	#)
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SECRETARY OF STATE

MAR 1 7 ZO16 S. YOUNG

COVER LETTER

TO:		tration Sec ion of Corp						
CHRI		AUA EDUC	CATION SOLUTIONS LLC					
SUBJI	ECI: _	-	Name of Lim	ited Liability Company	,			
The en	iclosed /	Articles of A	amendment and fee(s) are sub	mitted for filing.				
Please	return a	II correspon	idence concerning this matter	to the following:				
			Werner Macedo					
				Name of Persor	ı			
				Firm/Company	····		15	17
			4705 S Apopka Vineland I	Road Suite 106			5	
	Address Orlando F1, 32819			5	() () ()			
		Orlando FL 32819					7.7	
			werner@groupfortress.com	City/State and Zip C	Code		PM 12: 23	ALL ALLOSS TOTAL
				to be used for future an	nual report notifi	cation)	చ	Ţ
For fur	rther inf	ormation co	ncerning this matter, please ca	ıll:				
Werne	er Mace	do		954 at (205 1300			
		Name of	Person	Area Code	Daytime	Telephone Number		
Enclos	sed is a c	check for the	e following amount:					
\$ 2.	5.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cop (additional copy	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
		Registra	NG ADDRESS: tion Section of Corporations x 6327	Regi Divi	EET/COURIE stration Section sion of Corpora on Building	ER ADDRESS: I Itions		

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) liability Company)		
he Articles of Organization for this Limited Liability Company	were filed on 09/14/2015	_ and assigne	d
lorida document number 1.15000155829			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	lity company here:		
Benium University Solutions LLC			
remain oniversity solutions like			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre	viation "L.L.C."	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbre 4705 S Apopka Vineland Road Suite 106	viation "L.L.C."	
the new name must be distinguishable and contain the words "Limited Liabil Inter new principal offices address, if applicable:		viation "L.L.C."	17141
	4705 S Apopka Vineland Road Suite 106		HY TIME
the new name must be distinguishable and contain the words "Limited Liabil Inter new principal offices address, if applicable:	4705 S Apopka Vineland Road Suite 106	6	TALL AH 13St
the new name must be distinguishable and contain the words "Limited Liabil Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	4705 S Apopka Vineland Road Suite 106	16 NAR	TALL AH SSEE. S
the new name must be distinguishable and contain the words "Limited Liabil Inter new principal offices address, if applicable:	4705 S Apopka Vineland Road Suite 106 Orlando FL 32819	16 RAR 1 5	18 CHALLSST

Werner Macedo

4705 S Apopka Vineland Road Suite 106 New Registered Office Address:

Enter Florida street address

Orlando

City

New Registered Agent's Signature, if changing Registered Agent:

Name of New 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 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>	Type of Action
N/A	N/A	N/A	□ Add
		N/A	□ Remove
•			☐ Change
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	23
ective date, if other than the date of filing: a effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory cument's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.026 filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effecti he 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier o
ed 03/13/16 2016 AND Signature of a member or authorized represen	
alludhan	
Signature of a member or authorized represen	itative of a member

Page 3 of 3

Filing Fee: \$25.00