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# **COVER LETTER**

Div	ision of Corp	oorations			
SUBJECT:	Miami Colle	ege of Design LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		Renee Adwar, Esq.			
		Renee Adwar, P.A.			
			Address		
		Miami Florida 33131			
		radwarpa@reneeadwarpa.co			
		E-mail address: (1	to be used for future annual report notificat	10n) 😤 🔀	
For further in	nformation co	oncerning this matter, please ca	all:	2015 NOV SECRETA ALLAHAS	
Renee Adwa			305 374-4422 at ()	<u> </u>	
	Name of	Person	Area Code Daytime Te	elephone Number	
Enclosed is a	check for th	e following amount:		STATE ORIDE	J
■ \$25.00 F	iling 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:

TO:

**Registration Section** 

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

Miami College of Design LLC						
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears on our t Liability Company)	ecords.)			
The Articles of Organization for this Limited L Florida document number <u>L15000166049</u>	iability Company	were filed on September 3	and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of the limited liability company here:						
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if appli	cable:	848 Brickell Avenue Sui	te 1005			
(Principal office address MUST BE A STREI	ET ADDRESS)	Miami Florida 33131				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		848 Brickell Avenue Sui Miami Florida 33131	te 1005			
Mauing quaress MAT BE A FOST OFFICE.	<u>. BUA)</u>		2015 TALL			
B. If amending the registered agent and registered agent and/or the new registered of			25 Z L			
Name of New Registered Agent:	Renee Adwar,	Esq.				
New Registered Office Address:	848 Brickell A	venue Suite 1005	<u> </u>			
	Enter Florida street address					
	Miami	City	, Florida \[ \frac{33131}{Zip Code} \]			
		-""				

## 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>	Address	Type of Action
MGR	Innovation Design School of Miam	848 Brickell Avenue Suite 1005	Add
		Miami Florida 33131	Remove
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ctive date, if other than	the date of filir	ng:	a of filing or more than	(optional)	Duranont	o 605 0707 (7
e: If the date inserted in the unit in the unit is effective date on the unit is effective date.	is block does not	meet the applicable s	statutory filing requir	rements, this date	will not b	e listed as the
difference date of t	ne Department of	state s records.				
ecord specifies a dela	ayed effective	date, but not an	effective time, a	it 12:01 a.m.	on the e	earlier of:
ne 90th day after the	record is filed	l <b>.</b>				
ed 11/23		2015	$\bigcap$			
		,				_
	Signature of s	member or authorized	representative of a me	mber aut	100126	2representin fact
				+ + L		

Page 3 of 3

Filing Fee: \$25.00