# L16000 045 391

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### **COVER LETTER**.

	gistration Sec vision of Corp			
SUBJECT	TU FORMA	ACION ONLINE LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspoi	ndence concerning this matter	to the following:	
		Gregorio Herrera		
			Name of Person	
•			Firm/Company	
		4025 SW 96 Ave		
		Miami, FL. 33165	Address	
		<del></del>	City/State and Zip Code	<u> </u>
		E-mail address: (	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
Gregorio H	lerrera		786 472-1933	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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:

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

TU FORMACION ONLINE LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	(s.)		
he Articles of Organization for this Limited Liability Company lorida document number $\frac{L16000045391}{L16000045391}$ .	were filed on 03/03/2016	and assigned		
his amendment is submitted to amend the following:				
If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company "the decignation "I I C	" or the abbrariation "L. C."		
nter new principal offices address, if applicable:	4025 SW 96 Ave.	of the above viation (2.17.6.)		
Principal office address MUST BE A STREET ADDRESS)	Miami, Fl. 33165			
		SE 201		
nter new mailing address, if applicable:	4025 SW 96 Ave.	FO AUG		
Aailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33165	A: 2		
		SE A		
. If amending the registered agent and/or registered o	ffine address on our ground	φ <b></b> σ		
egistered agent and/or the new registered office address her		s, enter the name of the i		
Name of New Registered Agent:				
New Registered Office Address: 4025 SW 96 Av	ve			
	Enter Florida street addres	SS .		

#### 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.

City

Miami

If Changing Registered Agent, Signature of New Registered Agent

, Florida 33165
Zip Code

# 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
		<del></del>	
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change
			Add
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			☐ Change
		-	☐ Add
			☐ Remove
			☐ Change

				<del></del>
				_
				<del></del> -
. Effective date, if other the	an the date of filing:	pe prior to date of filing or more	(optional) han 90 days after filing.) Pursuant	to 605.0207 (3)(
Note: If the date inserted in	this block does not meet the the Department of State's re		quironieno, uno une min nor c	
Note: If the date inserted in	this block does not meet the the Department of State's re elayed effective date, but	ecords.		

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Filing Fee: \$25.00