

L 16000152739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

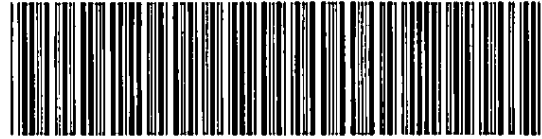
(Business Entity Name)

(Document Number)

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09/11/20--01009--001 **25.00

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2020 SEP 11 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FL

10/24/20
OR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUMMAEDUCATION LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Perez Castro
Name of Person

SUMMAEDUCATION LLC
Firm/Company

8400 NW 36th ST STE 450
Address

Doral, FL 33166
City/State and Zip Code

director@summauniversity.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Farfan 786 477-6455
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2020 SEP 11 AM 8:56

SUMMAEDUCATION LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/16/2016 and assigned
Florida document number L16000152739.

This amendment is submitted to amend the following:

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 Liability 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)

8400 NW 36TH ST

STE 450

DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8400 NW 36TH ST

STE 450

DORAL, FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Carlos Perez Castro	8400 NW 36TH ST	<input checked="" type="checkbox"/> Add
		STE 450	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
VP	Ester Martin Caro	8400 NW 36TH ST	<input checked="" type="checkbox"/> Add
		STE 450	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input type="checkbox"/> Change
AMBR	Instituto Europeo de Posgrado en A	C/ Calendula 93	<input type="checkbox"/> Add
		28109, Alcobendas	<input type="checkbox"/> Remove
		Madrid, Spain	<input checked="" type="checkbox"/> Change
AMBR	Virtuosity 11.11 LLC	95 Merrick Way	<input type="checkbox"/> Add
		3rd Floor	<input checked="" type="checkbox"/> Remove
		Coral Gable, FL 33134	<input type="checkbox"/> Change
MGR	Giraldo, Carolina	95 Merrick Way	<input type="checkbox"/> Add
		3rd Floor	<input checked="" type="checkbox"/> Remove
		Coral Gable, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2020

Carlos Pérez Castro

Filing Fee: \$25.00