# 117000065618

(Requ	restor's Name)
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PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
(Docu	ument Number)
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Special Instructions to Fil	ling Officer:
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M. SOLOMON

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 103929 8094535

AUTHORIZATION

COST LIMIT : (/\$\_25.00

ORDER DATE : December 16, 2019

ORDER TIME : 11:50 AM

ORDER NO. : 103929-035

CUSTOMER NO: 8094535

\_\_\_\_\_\_

## DOMESTIC AMENDMENT FILING

NAME: DC MIAMI INTERNATIONAL

UNIVERSITY OF ART & DESIGN,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF COOR CTAN

\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS:

# **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:	DC Miami In	ternational University of Art	is & Design, LLC	
Jobjici.		Name of Lim	ited Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	all correspond	lence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	<del></del>
			City/State and Zip Code	<del>-</del> -
		E-mail address: (	to be used for future annual report no	tification)
For further in	nformation con	cerning this matter, please ca	all:	
<u>.</u>	Name of P	erson	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
□ \$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:

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

DC Miami International University of Art &	_	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number 1.17000065618	Company were filed on 03/23/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Miami International University of Art & Design, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C"
Enter new principal offices address, if applicable:		, <b>4</b>
(Principal office address MUST BE A STREET ADDI	RFSS)	·. Ö
1 - The part of the data control of the part of the pa		
		37-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· 4.
Manning address SIMT BE NT OUT OF THE BOXY		# 1 T T T T T T T T T T T T T T T T T T
B. If amending the registered agent and/or registered agent and/or the new registered office add		er the name of the nev
Name of New Registered Agent:		<del></del>
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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
			Change
			☐ Change
			Add
			□ Remove-
			□ Change =
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in the original Articles of Organization.		
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ective date, if other than the date of filing:	(optional)	
te: If the date inserted in this block does not meet the applicable statut		
ument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effe	ective time at 12:01 a.m. on the earli	er (
he 90th day after the record is filed.	sective time, at 12.01 a.m. on the came	C
ed <u>December 16</u> 2019		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Dissolution. In the event of dissolution or final liquidation of the Company, neither the property of the Company nor proceeds thereof may be distributed or divided among the employees or officers of the Company or inure to the benefit of an individual. Upon the dissolution of the Company, assets shall be distributed to: (I) Its sole Member, if it then exists as a public charity under Section 501(c)(3) of the Code, and if it does not exist, to Education Principle Foundation, a Delaware non-profit corporation, if it then exists as an organization under Section 501(c)(3) of the Code; (ii) if neither the sole Member nor Education Principle Foundation exist in that capacity, then the assets shall be distributed as directed by the member (or its successor) so long as it is organized and operated for charitable purposes under tax exempt status under Section 501(c)(3) of the Code; or (iii) in the unlikely event a qualifying organization cannot be found under the provisions of the immediately preceding subsections, then the remaining assets shall be distributed to a nonprofit organization which is organized and operated as a public charity under tax exempt status under Section 501(c)(3) of the Code giving preference to one having purposes nearest the purposes of Education Principle Foundation.