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(Requestor's Name) (Address) (Address)	000306906550
(City/State/Zip/Phone #)	12/26/1701027009 **25.00
Certified Copies Certificates of Status	FILED 2011 DEC 26 PH 3: 41 SECRETARY OF STATE FALL AHASSEE, FLORIDE
Office Use Only	K. SALY DEC 28 2017

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: INSTITUTO INTERNACIONAL DE ESTUDIO SUPERIOPES AVILA 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:

ROBERTO GENTILE Name of Person BFS CONSULTING LLC Firm/Company 2556 CENTERGATE DRIVE UNIT 201 Address MIRAMAR FL 33025 City/State and Zip Code TUINERSIUNENUS a Gmail. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (<u>786</u>) <u>6024627</u> Area Code Daytime Telephone Number KOBERTD

Enclosed is a check for the following amount:

🕱 - \$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status

□ \$55.00 Filing Fee & Certified Copy tadditional 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 TO ARTICLES OF O O	O RGANIZATION $F_{1} \in F_{1}$ F 20126
INSTITUTU INTERNACLONAL DE (Name of the Limited Liability Compa (A Florida Limited T	E ESTUDIO DERIOPES ANILA PHIC ny as it now appears on our records ILLA HARY OF STORY Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\L17000252833$.	were filed on DECEMBER 11, 2017 and assigned
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liab</u> $IIES A_{VI}A LLC$	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ity Company," the designation "LLC" or the abbreviation "LLC." $\frac{460 \text{ NE } 28^{\text{m}} 5\tau \text{ UNR} 3003}{MAru \mp 1 33137}$
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>)	460 NE 28th ST UNIT 3003 MIAMI FZ 33137
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	, Florida City: Zip Code

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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
MGR	WISA ELENA BELLO	460 NE 28Th ST UNIT 3003 MIATU	_ X Add
		FLURIDA 33137	_ 🗆 Remove
			Change
<u></u>			🗆 Add
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lf an el <u>Note:</u>	tive date, if other than the date of filing: $\underline{JAWARY 0} 2018}$ (optional) fective date is listed, the date must be specific and cannot be prior to/date of filing or more than 90 days after tiling.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
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