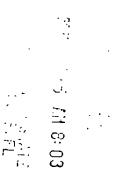
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(Requestor's Name)
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certifled Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:05/	<u> 13/2024 </u>		
Name:	Patrice Rush	_	
Reference #:	2370987		
Entity Name:	FLORIDA SOUT	HERN UNIVERSITY, L	LC
☐ Articles of	Incorporation/Authorization	on to Transact Business	. ,
✓ Amendme	ent		
Change of	f Agent		
Reinstater	ment		
Conversio	n		AH 8: 03
☐ Merger			ϵ_{i} ω
Dissolution	n/Withdrawal		
Fictitious I	Name		
Other		·	
Authorized Amou	ent: \$25.00		
Signature:	(Patolle		

F: 800.944.6607

COVER LETTER

	istration Secti ision of Corpo		
SUBJECT:	CLIFTON IN	TERNATIONAL UNIVERSITY LLC	
SUBJECT.		Name of Limited Liability Company	
The enclosed	Articles of Ar	mendment and fee(s) are submitted for filing.	
Please return	all correspond	dence concerning this matter to the following:	
		AQEEL AHMAD	
		Name of Person	-
		CLIFTON INTERNATIONAL UNIVERSITY LLC	
		Firm/Company	-
		6612 AVE M BROOKLYN	7
		Address	<u>.</u>
		BROOKLYN, NY 11234	
		City/State and Zip Code	71 6: 03 71 6: 03
		imran@dataverticals.com	7F.
For further in	iformation con	E-mail address: (to be used for future annual report notification) seerning this matter, please call:	
lmran Aziz		2392880208	
	Name of P	at () Person Area Code Daytime Telephone Numbe	r
Enclosed is a	check for the	following amount:	
■ \$25.00 F	iling Fee	(additional copy is enclosed) Certified	ate of Status &

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

CLIFTON INTERNATIONAL UNIVERSITY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/20/2017}{1}$ and assigned Florida document number 1.17000258956 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Florida Southern University, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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

. Florida _

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
			□Add
			□Remove
			□Change
			[□] ☐ Remove
			::- Change
		्री: संग	Add
			Add Remove
			□Change
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ective date, if other than the da	ote of filing:		(optional)	
reflective date is listed, the date must be te: If the date inserted in this block	e specific and cannot be prior to do do does not meet the applicable	ate of filing or more than 90 statutory filing requiren	days after filing.) Pr tents, this date wi	arsuant to 605,020 Il not be listed a
cument's effective date on the Depa	artment of State's records.	, , ,		
cord specifies a delayed effective d s filed.	ate, but not an effective time,	at 12:01 a.m. on the earl	ier of: (b) The 9	Oth day after the
May 15	2024			
-	Was _	_ -		

Filing Fee: \$25.00