

L19000057848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

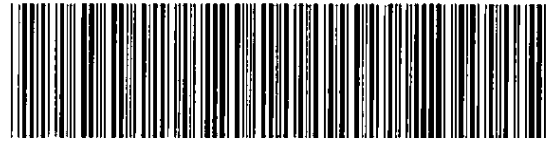
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Meire **CARE**
AUTHORIZATION BY PHONE TO
COMMENT name (A)
DATE 11/8/23
ON EXAM _____

Office Use Only



800417509958

11/19/23--01019--011 **25.00

TALLAHASSEE, FLORIDA

2023 NOV - 8 AM 8:47

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saint Peter University 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:

Meire Ruth Porto

Name of Person

Saint Peter University LLC

Firm/Company

6117 Raleigh Street, #601

Address

Orlando, Florida, 32835

City/State and Zip Code

meireporto@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meire Porto

937

818 3249

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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
(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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 27, 2023

MEIRE RUTH PORTO
6117 RALEIGH STREET, #601
ORLANDO, FL 32835

SUBJECT: ABSOLUTE CHRISTIAN LIMETED LIABILITY COMPANY
Ref. Number: W23000147452

We have received your document for ABSOLUTE CHRISTIAN LIMETED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 123A00025086

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

SAINT PETER UNIVERSITY LLC

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

2023 NOV -8 AM 8:47

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October, 11 2023 and assigned
Florida document number L19000057848.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ABSOLUTE CHRISTIAN UNIVERSITY LIMITED LIABILITY COMPANY

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:

6965 Piazza Grande Ave Suite 309, Orlando FL- 32385

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6117 Raleigh Street, #601

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32835

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

City, Florida 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please, Display the New Name on SUBIZ
Website

FILED
2023 NOV -8 AM 8:47
TALLAHASSEE, FLORIDA

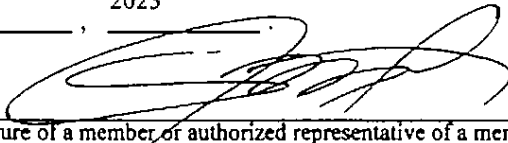
E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated Orlando, October 11, 2023


Signature of a member or authorized representative of a member

MEIKE RUTH PORTO

Typed or printed name of signee