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COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT:	ABSOULU	Name of Limited Liability Company	NY 	
		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
			Meire Porto	
			Name of Person	
			ACU	
			Firm/Company	
		6117 Raleigh Street,	#601	
			Address	
		Orlando, Florida 328	35	
		meireporto@live.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti-	fication)
For further i	nformation c	oncerning this matter, please ca	all:	
Meire Ruth	Porto		937 818 3249 at ()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABSOULUTE CHRISTIAN UNIVERSITY LIMITED LIABILITY COMPANY (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 December, 27 2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ACU - ABSOULUTE CHRISTIAN UNIVERSITY LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 6965 Piazza Grande Ave, Suite 309, Orlando FL, 32385 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 6117 Raileigh Street #601, Orlando FL, 32385 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 City

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.

New Registered Agent's Signature, if changing 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>	Name	Address	Type of Action
			□Add
			□Change
			□ Remove
			□Change
			□Add
			□ Remove
			□Change
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tive date, if other than the date	o of filings		(optional)	
fective date is listed, the date must be s If the date inserted in this block of the date in this block of the Depart.	pecific and cannot be prior t loes not meet the applica	o date of filing or more than ble statutory filing requi	90 days after filing.) Pursu	ant to 605.02 ot be listed
rd specifies a delayed effective dat iled.	e, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 90th	day after t
December 27	2023			
		AM	\supset	