

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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(((H20000319372 3)))



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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : ACCOUNTING REVENUE SERVICE, INC.
 Account Number : 120110000041
 Phone : (305)887-8730
 Fax Number : (305)887-8744

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SAINT ELBER UNIVERSITY LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2020 SEP 17 PM 3:53

SECRETARY OF STATE
 TALLAHASSEE, FL
 2020 SEP 17 AM 9:34

FILED



September 15, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAINT ELBER UNIVERSITY LLC
1031 E 8TH AVE
210
HIALEAH, FL 33010

SUBJECT: SAINT ELBER UNIVERSITY LLC
REF: L20000067393

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

FAX Aud. #: H20000319372
Letter Number: 120A00017568

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

SAINT ELBER 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 03/02/2020 and assigned
Florida document number L20000067393

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C."

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)

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CLERK OF DISTRICT COURT
ST. PETERSBURG, FL

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: REGISTERED AGENTS INC

New Registered Office Address: 7901 4TH ST N STE 300
Enter Florida street address

ST PETERSBURG, Florida 33702
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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CARLOS KISS	1031 E 8TH AVE STE 210	<input type="checkbox"/> Add
		HIALEAH, FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN M BUSTO	1031 E 8TH AVE STE 210	<input type="checkbox"/> Add
		HIALEAH FL 33010	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BB200 AMERICAN GROUP LLC	16182 COASTAL HIGHWAY	<input checked="" type="checkbox"/> Add
		LEWES, DELAWARE 11158	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2000 SEP 7 AM 9:30
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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TALLAHASSEE FL

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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 SEPTEMBER 17, 2020



Signature of a member or authorized representative of a member

CARLOS KISS

Typed or printed name of signee

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