## 120000145907

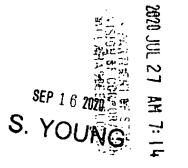
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## **COVER LETTER**

	Registration S Division of Co			
CHD IV		ERS CHRISTIAN UNIVERSTY	LLC	
SUBJEC	-1;	Name of Lim	ited Liability Company	
The enclo	osed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corresp	oondence concerning this matter	to the following:	
		СІКЦУА Р МВАУАВО		
			Name of Person	
			Firm/Company	
			Address	
		1763 GREAT SHOALS C	IRCLE	
		LAWRENCEVILLE, GA 3	City/State and Zip Code 0045	
For furth	er information	E-mail address: ( concerning this matter, please c	to be used for future annual report not	tification)
	A P MBAYAB		678 6427016	
	Name	of Person		ne Telephone Number
Enclosed	is a check for	the following amount:		
□ \$25.0	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 Addre Registration	Section	Street Address: Registration So	
	Division of ( P.O. Box 63	Corporations	Division of Co The Centre of	
	Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACHIEVERS CHRISTIAN UNIVERSTY 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	y were filed on <u>05/28/2020</u>	and assigned
Florida document number 1.20000145907		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
ACHIEVERS CHRISTIAN UNIVERSITY LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>-</u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new registered
Name of New Registered Agent:		
N D 1 - 10% All	-	
New Registered Office Address:	Enter Florida street addre	288
	<b>1</b> 7	Tomido
<del></del>	City .	lorida Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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

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
			DAdd
			Remove
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			□Add
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		-		
Effective date, if other than the Han the Han effective date is listed, the date made in this document's effective date on the	block does not meet the a	applicable statutory	or more than 90 days af filing requirements, t	tional) ter filing.) Pursuant to 605.0207 his date will not be listed as
e record specifies a delayed effect rd is filed.	ive date, but not an effec	tive time, at 12:01 a	i.m. on the earlier of:	(b) The 90th day after the
Dated	2020			
	11100	W Mhah	1/0	
<del></del>	Joseph .	1.11/11/018	٠	
<del></del>	Signature of a member of	or authorized represent	ative of a member	

Filing Fee: \$25.00