## 120000 175553

(Requestor's Name)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE		NIVERSITY LLC	•	•
SUBJE		Name of Lin	nited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ndence concerning this matter	to the following:	
		MARY TERVEUS		
			Name of Person	
		TERVEUS CONSULTIN	G FIRM	
			Firm/Company	
		2516 WEST OAKLAND	PARK BLVD	
			Address	
		OAKLAND PARK FL 33	311	
		INFO@THEBRIEFCASEE	City/State and Zip Code BOSS.COM	
			to be used for future annual report noti	fication)
For furt	her information co	oncerning this matter, please c	all:	
MARY	TERVEUS		954 9015673	
	Name of	l'Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for th	e following amount:		
<b>■</b> \$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 S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORUM UNIVERSITY		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records. ited Liability Company)	)
The Articles of Organization for this Limited Liability Comp	oany were filed on 06/23/2020	and assigned
Florida document number L20000175553		
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.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		202
		38 <b>7</b> 1
Enter new mailing address, if applicable:		Extension
Mailing address MAY BE A POST OFFICE BOX)	' BE A POST OFFICE BOX)	
		. O
3. If amending the registered agent and/or registered off	fice address on our records, <u>enter th</u>	te name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:		
		· <u></u>
New Registered Office Address:	Enter Florida street address	
	, Flor	ida 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 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
MGR	DAMION ARCHAT		
			□Remove
		2901 W OAKLAND PARK BL	VD, OAKLAND PARI ■Change
MGR	REGINA MARTIN		
			Remove
		2901 W OAKLAND PARK BL	- 1 * Change
MGR	BETTY MARTIN		DAdd T
		<del></del>	Remove
		2901 W OAKLAND PARK BL	
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fective date, if other than the da	specific and cannot be prior	to date of filing or more t	(optional) than 90 days after filing.) P	tursuant to 605.02
ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the application	able statutory filing re	quirements, this date w	ill not be listed
record specifies a delayed effective datis filed.	ite, but not an effective ti	me, at 12:01 a.m. on the	he earlier of: (b) The 9	90th day after th
	2020			
, OCTOBER 1ST	<i>*</i>			
OCTOBER IST	Darle	<u> </u>		