LZ1000093409

(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:
05/07/21 TM





700361633957

03/19/21--01010--033 **25.00

21 MAR 19 PH 12: 59

COVER LETTER

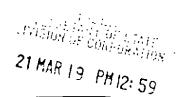
TO: Registration Sec Division of Corp			
SUBJECT: <u>ACADEMIC</u>	C ALLIANCE POSTSECONE Name of Limi	DARY EDUCATION, LLC ted Liability Company	·
The enclosed Articles of A	smendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sonia Di Chiara	Name of Person	
	SDC Investments, Inc.	Firm/Company	
	929 N H St	Address	
·	Lake Worth Beach, FL 334	460 City/State and Zip Code	
	sdichiara@outlook.com E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please co	all:	
Sonia Di Chiara Name of	Person	at (<u>561</u>) <u>251-5280</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)
Mailina Address		Street Address:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

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



ACADEMIC ALLIANCE POSTSECONDARY EDUCATION, 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 February 25, 2021 and assigned Florida document number <u>L21000093409</u> 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 ADDRESS) 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 , Florida ___ Cin 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added FIGURE OF STATE IVIDION OF CORPORATIONS or removed from our records:

MGR = Manager

AMBR = Authorized Member

21 MAR TO PHIO FO

		51.1W/ 13 LUIS: 23	
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	ESMAIL DARIAROW	20960 SPRINGS TERRACE BOCA RATON, F	FL 334 ■Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		_	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	21 MAI	? 19 PM 2: 5 9	
		- 177,210.	
<u> </u>			
			
			
-			
			
			
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be pr	ior to date of filing or more the	(optional) m 90 days after filing) •) Pursuant to 605 0207 (
lote: If the date inserted in this block does not meet the app	licable statutory filing requ	irements, this date	e will not be listed as t
ocument's effective date on the Department of State's recor	ds.		
record specifies a delayed effective date, but not an effective	e time at 12:01 a m. on the	earlier of: (b) T	he 90th day after the
l is filed.		• • • • • • • • • • • • • • • • • • • •	
ated March 12 2021	·		
LEM SA			
Signature of a monther or at	thorized representative of a n	www.	

Typed or printed name of signee