


JUL 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 887382 8350003
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : June 30, 2021
ORDER TIME : 1:58 PM
ORDER NO. : 887382-005
CUSTOMER NO: 8350003

DOMESTIC AMENDMENT FILING

NAME: KIRAN C PATEL UNIVERSITY LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kiran C. Patel University LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Toupague

Name of Person

Halo Education

Firm/Company

5600 West Mariner Street, Unit 200

Address

Tampa, Florida 33609

City/State and Zip Code

chad@haloeducation.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Figuli, Esq.

720 810-2495
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

Kiran C. Patel 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 03/29/2021 and assigned
Florida document number L21000146368.

This amendment is submitted to amend the following:

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

Orlando Health Sciences University, LLC

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)

5600 West Mariner Street

Unit 200

Tampa Florida 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5600 West Mariner Street

Unit 200

Tampa, Florida 33609

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

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.

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	David Mohr	5600 West Mariner Street	<input checked="" type="checkbox"/> Add
		Unit 200	<input type="checkbox"/> Remove
		Tampa, Florida 33609	<input type="checkbox"/> Change
MGR	Philip Zaveri	5600 West Mariner Street	<input checked="" type="checkbox"/> Add
		Unit 200	<input type="checkbox"/> Remove
		Tampa, Florida 33609	<input type="checkbox"/> Change
MGR	Chad Toujague	5600 West Mariner Street	<input checked="" type="checkbox"/> Add
		Unit 200	<input type="checkbox"/> Remove
		Tampa, Florida 33609	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Change

[illegible]

(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)

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 July 7th, 2021

[Handwritten signature]

Signature of a member or authorized representative of a member

Chad Toujague

Typed or printed name of signee

Filing Fee: \$25.00