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	questor's Name)	
`	,	
(Ad	ldress)	
(Ad	ldress)	
	 	
(Cit	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
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COVER LETTER

	Registration Secti Division of Corpo				
CHD IEC		an University LLC	, ,		
SUBJEC	.1: <u></u>	Name of Lim	ited Liability Company		
The enclo	osed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspond	ence concerning this matter	to the following:		
		Letina L. Day			
			Name of Person		
		Chaya Christian University	4		
			Firm/Company		
		5642 W. Division St #210			
			Address		
		Chicago Illinois 60651			
		letinaday@gmail.com	City/State and Zip Code		
		· - -	to be used for future annual report noti	fication)	
For furthe	er information con	cerning this matter, please ca	all:		
Letina L.	Day	-111-	331 301-0339 at ()		
	Name of Pe	erson	Area Code Daytim	: Telephone Number	
Enclosed	is a check for the t	following amount:		• ;	75
	00 Filing Fée	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, (Certificate of Statu Certified Copy (additional copy is ence	
/	Mailing Address:		Street Address:		93
Ī	Registration Sec		Registration Sec		1 12
	Division of Cor P.O. Box 6327	porations	Division of Cor The Centre of T	_	
	Tallahassee, FL	32314		Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chaya Christian University LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	vere filed on 04/07/2021	and assigned
Florida document number L21000160945		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty 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)		
	<u> </u>	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>enter tl</u>	ne name of the new registered
Name of New Registered Agent:		
Name of New Registered Agent:		
	Enter Florida street address	
Name of New Registered Agent:		ida
Name of New Registered Agent:		ida
Name of New Registered Agent:	, Flor	

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>	Address	Type of Action
AMBR	Letina L. Day	5642 W. Division St #210	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
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			□Remove
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			Remove
			□Change
			□Add
			Remove
			□Change

-	<u> </u>	
fective date, i	other than the date of filing:	(optional)
an effective date i	listed, the date must be specific and cannot be prior to date of	filing or more than 90 days after filing.) Pursuant to 605,020
ote: If the date	inserted in this block does not meet the applicable statute on the Department of State's records.	utory filing requirements, this date will not be listed as
	,	
record specifies	a delayed effective date, but not an effective time, at 12	201 am and the residence (1). The coal 1 and 1
is filed.	detayed effective date, but not an effective time, at 12	2.01 a.m. on the earlier of: (b) I he 90th day after the
December ated	08, 2021	
	(7)	Naw -
	Signature of a member or authorized repr	resentative of a member
		V
	L. Day	