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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
	. POINTE CAREER INSTITU	TE LLC		
SUBJECT:	Name of Lim	ited Liability Company	····	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Gustavo Torres Decos			
		Name of Person		
	CPA Gustavo Torres			
		Firm/Company		
	109 N Beaumont Ave			
	<u>*-</u>	Address		
	Kissimmee FL, 34741			
		City/State and Zip Code		
	documents@cpatorres.com			
	E-mail address: (	to be used for future annual repo	rt notification)	,
For further information of	concerning this matter, please c	all;		
Gustavo Torres Decos		407 913961 at ( )	11	
Name o	of Person		Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	1) Certified	te of Status &
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	The Centre 2415 N. M	<del></del>	10

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records. Liability Company)	)
The Articles of Organization for this Limited Liability Company Florida document number L21000469345		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 28
(Principal office address MUST BE A STREET ADDRESS)		77 Sept. 1789
		Ω.
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 a agent and/or the new registered office address here:	address on our records, <u>enter t</u> i	
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Floridu street address	
	, Flor	rida Zip Code
	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>	Address	Type of Action
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Filing Fee: \$25.00