L21000169543

| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (business chuty Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

| лвјест: <u>50</u> С |)th Beach (Name of Limit | Beat Acade | my Lake Place |
|--|---|---|---|
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| lease return all correspo | ondence concerning this matter | to the following: | |
| | Cumen | Name of Person | |
| | | Firm/Company | |
| | 320 E I | terlake Blvd | Lake Fl. |
| | Lake | Placid, Fl. 338 City/State and Zip Code | 352 |
| | E-mail address: (| to be used for future annual report not | dmail.com |
| For further information c | oncerning this matter, please co | | |
| Name o | n Abreu f Person | | -3669 ne Telephone Number |
| Enclosed is a check for the | ne 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 : Division of O | Section | Street Address: Registration So Division of Co | |
| P.O. Box 632 | - | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited I | hy as it now appears on our | records Campus LLC |
|--|-----------------------------|---|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L21000469543</u> . | were filed on 10 6 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabile. Carmilia Artisty The new name must be distinguishable and contain the words "Limited Liabile." | LLC | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Same | 282 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z |
| Enter new mailing address, if applicable: | Same | AHASSEE |
| (Mailing address MAY BE A POST OFFICE BOX) | | FEA |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, | enter the name of the new registered |
| New Registered Office Address: | Enter Florida stree | ı address |
| | City | , Florida Zip Code |
| | Cuy | 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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.

mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person emoved from our records:

GR = Manager

MBR = Authorized Member

| itle | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
| | | | □Add |
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| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. | Effective date, if other than the date of filing: | | | | | | | | | _ |
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| _ X / 17 \ 1 | Signature of a member of authorized representative of a member | Dated <u>H</u> | x4 11 | +1 | ,202 | 217 | | | | |
| Signature of a number of authorized representative of a member | | <u>. </u> | | Signature of | a nember or aut | horized represen | tative ofta memb | ет | | - |