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(Red	questor's Name)	<u> </u>
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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(Doc	cument Number)	
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COVER LETTER

Division of Co	rporations		4
AMERICA	AN GLOBAL UNIVERSITY L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANITA SONE ITAMAN		
		Name of Person	
	AMERICAN GLOBAL U	NIVERSITY LLC	
		Firm/Company	
	7601 DEBEAUBIEN DR		
		Address	
	ORLANDO/FLORIDA	32835	
	<u> </u>	City/State and Zip Code	
	anitasoneitaman@gmail.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please e	all:	
SIMON itaman		713 5308989 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u>		<u>Street Address;</u>	
Registration S		Registration Sec	
Division of C	-	Division of Cor	•

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

'ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION []

2022 FEB 28 AM 7: 50

AMERICAN GLOBAL 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 L	iability Company	were filed on DECEM	1BER 20TH 2021	and assigned
Florida document number L21000533922				
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designa	ation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applie	cable:		<u></u>	
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our recor	ds, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	ANITA SONE	ITAMAN		
New Registered Office Address:	7601 DEBEAU	BIEN DR		
	-	Enter Florida st	rect address	
	ORLANDO		, Florida 3283	55
		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
AMBR	SHEED O ITAMAN	7601 DEBEAUBIEN DR, ORLANDO FL 32835	= Add
			□Remove
			Change
AMBR	HONORATA ITAMAN		🗆 🗆 Add
		7601 DEBEAUBIEN DR. ORLANDO FL 32835	Remove
			Change
AMBR	SIMON ITAMAN		□ Add
		7601 DEBEAUBIEN DR. ORLANDO FL 32835	= Remove
			□Change
AMBR	SAAT ITAMAN-GALLIEN	7601 DEBEAUBIEN DR. ORLANDO FL 32835	■Add
			□Remove
			□Change
AMBR	SEAN ITAMAN	7601 DEBEAUBIEN DR. ORLANDO FL 32835	\ 🗖 Add
			□Remove
			🗆 Change
			□Add
			□Remove
			Change

ADD AN	NITA SONE ITAMAN AS THE NEW REGISTERED AGENT	
	VITA SONE TRAMAN AS THE NEW REGISTERED AGENT	
REMOV	E HONORATA ITAMAN AS AMBR.	
ADD SH	IEED O. ITAMAN AS A NEW AMBR	
ADD SA	AAT ITAMAN-GALLIEN AS A NEW AMBR	
ADD SE	EAN ITAMAN AS A NEW AMBR	
		
		
effective dat : If the da	e, if other than the date of filing:	o 605.0 e listec
ord specifi filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	¹ after ≀
1	7/24/22	
_	Signature of a mymber or authorized representative of a member Antha Sone itans	_

Filing Fee: \$25.00