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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

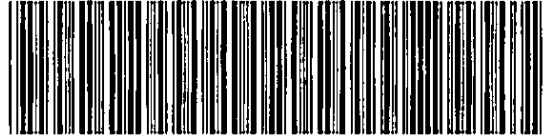
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN GLOBAL 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:

ANITA SONE ITAMAN

Name of Person

AMERICAN GLOBAL UNIVERSITY LLC

Firm/Company

7601 DEBEAUBIEN DR

Address

ORLANDO/FLORIDA 32835

City/State and Zip Code

anitasoneitaman@gmail.com

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

For further information concerning this matter, please call:

SIMON itaman

713 5308989

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

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>
AMBR	SHEED O ITAMAN	7601 DEBEAUBIEN DR, ORLANDO FL 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HONORATA ITAMAN		<input type="checkbox"/> Add
		7601 DEBEAUBIEN DR, ORLANDO FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SIMON ITAMAN		<input type="checkbox"/> Add
		7601 DEBEAUBIEN DR, ORLANDO FL 32835	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAAT ITAMAN-GALLIEN	7601 DEBEAUBIEN DR, ORLANDO FL 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEAN ITAMAN	7601 DEBEAUBIEN DR, ORLANDO FL 32835	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE SIMON ITAMAN AS THE REGISTERED AGENT.

ADD ANITA SONE ITAMAN AS THE NEW REGISTERED AGENT

REMOVE HONORATA ITAMAN AS AMBR.

ADD SHEED O. ITAMAN AS A NEW AMBR

ADD SAAT ITAMAN-GALLIEN AS A NEW AMBR

ADD SEAN ITAMAN AS A NEW AMBR

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 7/24/22

Signature of a member or authorized representative of a member

Anita Sone Itaman

Typed or printed name of signee