

9/12/22, 10:53 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000182853

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TALLAHASSEE, FL

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SAINT MARK UNIVERSITY LLC**

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C. BRUMBLEY

SEP 14 2022

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT MARK 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 Liability Company were filed on 05/03/2022 and assigned
Florida document number L22000182853.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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

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 STATE
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 FL

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	José Antonio Morante	2000 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		STE 600	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
AMBR	Gerardo Alvarado Zepeda	2000 PONCE DE LEON BLVD	<input checked="" type="checkbox"/> Add
		STE 600	<input type="checkbox"/> Remove
		CORAL GABLES, FL 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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