

L22000393433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

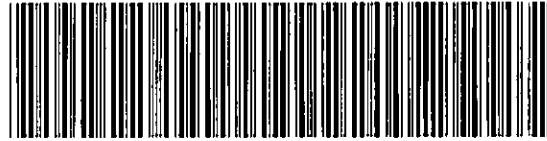
(Document Number)

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LLC Amend

2022 OCT 10 PM 12:49

FILED

2022 OCT 10 PM 3:47

RECEIVED

ALLAHASSEE, FLOR.

A. RAMSEY

OCT 11 2022

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid: 25.00

Authorization Signature

CENTRO MUNDIAL DE EDUCACION, LLC

Business Name

L 22000393933

Document #

WILL WAIT

 Photocopy

 Certified Copy (s) Articles of Organization

 Certificate of Status

NEW FILINGS

 FOR Profit
 Not for Profit
 Limited Liability
 Domestication
 Other
 CORP

 LLLP

OTHER FILINGS

 Annual Report

 Fictitious Name

 ARTICLES OF CORRECTION

 APOSTIL ()

Country

AMMENDMENTS

 X Amendment
 Resignation of R.A. or Officer/Director
 Change of Registered Agent
 Revocation of Dissolution
 Merger
 Conversion
 Articles of Conversion
 Resignation

REGISTRATION/QUALIFICATIONS

 Foreign filing
 Limited Partnership

 Reinstatement

 Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTRO MUNDIAL DE EDUCACION 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:

SAUL LOPEZ

Name of Person

CENTRO MUNDIAL DE EDUCACION LLC

Firm/Company

2891 MAINGATE VILLAGE CIRCLE APT 209

Address

KISSIMMEE, FLORIDA, 34747

City/State and Zip Code

sauljlopez@gmail.com

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

For further information concerning this matter, please call:

SAUL LOPEZ

689 6771150
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

CENTRO MUNDIAL DE EDUCACION LLC

2022 OCT 10 PM 12 49

(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 09/08/2022 and assigned
Florida document number L22000393433.

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

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>
MGR	RODRIGUEZ, MELANIA M	2891 MAINGATE VILLAGE CIRCLE	<input type="checkbox"/> Add
		APT 209	<input checked="" type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input type="checkbox"/> Change
MGR	LOPEZ, MELANIA M	2891 MAINGATE VILLAGE CIRCLE	<input checked="" type="checkbox"/> Add
		APT 209	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input type="checkbox"/> Change
MGR	RODRIGUEZ, CARMEN G	2891 MAINGATE VILLAGE CIRCLE	<input checked="" type="checkbox"/> Add
		APT 209	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input type="checkbox"/> Change
MGR	SAAVEDRA, BEATRIZ T	2891 MAINGATE VILLAGE CIRCLE	<input checked="" type="checkbox"/> Add
		APT 209	<input type="checkbox"/> Remove
		KISSIMMEE, FL 34747	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

TOBER 10 2022

Signature of a member or authorized representative of a member

LOPEZ, SAUL J

Typed or printed name of signee

Filing Fee: \$25.00