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Division of Corporations

Florida Department of State  
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
PROFESSIONAL AND PERSONAL DEVELOPMENT UNIVERSITY,  
LL**

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

K. SALVIA

JUL 19 2023

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

PROFESSIONAL AND PERSONAL DEVELOPMENT 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 03/29/2023 and assigned  
Florida document number L23000143349.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

PROFESSIONAL AND PERSONAL DEVELOPMENT INSTITUTE, LLC

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:

3785 NW 82 AVE

(Principal office address MUST BE A STREET ADDRESS)

STE: 405

DORAL, FL 33166

Enter new mailing address, if applicable:

3785 NW 82 AVE

(Mailing address MAY BE A POST OFFICE BOX)

STE: 405

DORAL, FL 33166

**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:

CHANGE OF ADDRESS

New Registered Office Address:

3785 NW 82 AVE STE 405

*Enter Florida street address*

DORAL

*City*

Florida 33166

*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>
AMBR	CHANGE OF ADDRESS	3785 NW 82 AVE	<input type="checkbox"/> Add
		STE: 405	<input type="checkbox"/> Remove
		DORAL, FL 33166	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**Dated:**

Signature of a member or authorized representative of a member

DOMINGO A. SOTO LOPEZ

Typed or printed name of signee