Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000252476 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)328-4774

Enter the email address for this business entity to be used for future. annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PROFESSIONAL AND PERSONAL DEVELOPMENT UNIVERSITY,

LL

VED	PH 2:21	OF STATE RPORATIONS E. FLORIOA
	61 JUL 19	DEPARTMENT DIVISION OF COS TALLANASSE

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

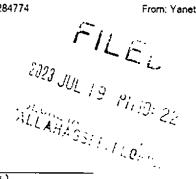
Corporate Filing Menu

K. SALHelp

JUL 19 2023

5

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." 3785 NW 82 AVE Enter new principal offices address, if applicable: STE: 405 (Principal office address MUST BE A STREET ADDRESS) DORAL, FL 33166 3785 NW 82 AVE Enter new mailing address, if applicable: STE: 405 (Mailing address MAY BE A POST OFFICE BOX) 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: CHANGE OF ADDRESS Name of New Registered Agent: 3785 NW 82 AVE STE 405 New Registered Office Address: Enter Florida street address , Florida ³³¹⁶⁶ DORAL City

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 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>	Name	Address	Type of Action
AMBR	CHANGE OF ADDRESS	3785 NW 82 AVE	□Add
		STE: 405	□ Remove
		DORAL, FL 33166	■Change
			DAdd
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			TIANG E
			Change Change Change
			DĀdd
			□Remove
			il Change
			□Add
			□Remove
			ClChange
			□Add
			□ Change

	 بو آ	ر الم
		2323 JUL 19
		61-
		<u>a</u>
		0:22 2:2 :0
		
	····	
		 -
E. Effective date, if other than the date of filing: (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.) Pur	suant to 605.0207 (3)(
Note: If the date inserted in this block does not meet the applicable statutory is document's effective date on the Department of State's records.	filing requirements, this date will	not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a ecord is filed.	m. on the earlier of: (b) The 90	th day after the
Dated ,		
Signature of a member or authorized represents	nive of a member	
DOMINGO A. SOTO LOPEZ		

Typed or printed name of signee