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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CLAUDIA LIMA TAX & ACCOUNTING LLC

Account Number : I20230000193 Phone : (407)552-7903 Fax Number : (407)449-2348

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

Email Address: info@claudialimatax.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNIPENTECOSTAL CHRISTIAN SCHOOL OF ADVANCED RESEARCH



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COVER LETTER

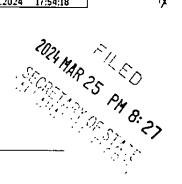
SUBJECT:		OOL OF ADVANCED RESEARC	
		,	
he enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
ease return all correspor	ndence concerning this matter	to the following:	
	CLAUDIA LIMA		
		Name of Person	
	CLAUDIA LIMA TAX &	ACCOUNTING LLC	
	"	Firm/Company	
	2546 AULD SCOT BLVE)	
		Address	
	OCOEE, FL 34761		
		City/State and Zip Code	
	INFO@CLAUDIALIMAT.		
	E-mail address: (to be used for future annual report noti	tication)
or further information co	ncerning this matter, please c	all:	
LAUDIA LIMA		407 552-7903 at ()	
Name of	Person	Area Code Daytim	e Telephone Number
nclosed is a check for the	e following amount:		
	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	Certificate of Status &
≘ \$25.00 Filing Fec	Certificate of States	(additional copy is enclosed)	Certified Copy (additional copy is enclose

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**



UNIPENTECOSTAL CHRISTIAN SCHOOL OF ADVANCED RESEARCH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L23000440454	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here	::
UNIPENTECOSTAL CHRISTIAN SCHOOL LLC		•
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
2 THE PART OF THE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	-	
maning duarties with DE NI OUT OF THEE BONY		
		oras, <u>enter the name of the new register</u>
		ords, enter the name of the new register
agent and/or the new registered office address here:		ords, enter the name of the new register
		oras, enter the name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent:	Enter Florida	a street address

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.

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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
			□ Add
			□Remove
			□Add
			□Remove
			□ Change
			□Add
		 	□Remove
			□Change
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(If an effecti <u>Note:</u> If t	date, if other than the date we date is listed, the date must be sp he date inserted in this block do's effective date on the Departm	ecific and cannot be price sees not meet the appli	or to date of filing or more the cable statutory filing rec		
If the record sprecord is filed.	pecifies a delayed effective date	, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th o	day after the
Dated _	95-march				
	Rayna Frigure Silva Trentim (Mar 22, 2024 Signat	10:57 ADT) ture of a member or aut	horized representative of a	member	

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FAX.

Filing Fee: \$25.00