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## COVER LETTER

FO: Amendment Section Division of Corporation:	
The Association of Pri	vate Colleges and Schools of South Florida INC
DOCUMENT NUMBER: N96000001836	
The enclosed Articles of Amendment and fee are sub-	nitted for filing.
Please return all correspondence concerning this matter	ir to the following:
Monica Llerena	
	(Name of Contact Person)
The Association of Private	Colleges and Schools of South Florida INC
	(Firme Company)
19151 South Dixie High	way, Suite 205
	(Address)
Cutler Bay,FL, 33157	
	(City/ State and Zip Code)
monica@cbt.edu	
F-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	call:
Monica Llerena	305-273-4499
(Name of Contact Person	(Area Code) (Davtime Telephone Number)
Unclosed is a check for the following amount made pa	yable to the Florida Department of State:
☑ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	Certified Copy (Additional copy is enclosed)  Calculate of Status (Additional copy is Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Acticles of Amendment to Articles of Incorporation

of

The Association of Private Colleges & , s	Schools of South Florida INC.
Name of Corporation as currently filed with the Florida De	pt, of State)
N96000001836	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section $617.1006$ . Florida Statutes, amendment(s) to its Articles of Incorporation:	this Florida Not For Profit Corporation adopts the following
A It amending name, enter the new usme of the corporatio	<u>n:</u>
	N/A-
name must be distinguishable and contain the word "corporatio "Company" or "Co." may not be used in the name.	on" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
-	
_	<u></u>
C. Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	N/A
-	• • • • • • • • • • • • • • • • • • • •
D. If amending the registered agent and/or registered office	
new registered agent and/or the new registered office ad-	dress:
Name of New Registered Agent: Monica	Llerena
1	9151 South Dixie Highway, Suite 205
	(filorida street address)
New Registered Office Address:	
	ler Bay . Florida 33157
	(City) // (Zip Code)
New Registered Agent's Signature, if changing Registered A	
Thereby accent the appointment as registered agent. I am fam.	iliar with and accept the obligations of the position
	////
	V WC / W
Sig	natur\of New Registered Agent, if changing
•	′

address of each Officer an iAttach additional sheets, if Please note the officer direct P - President; V - Vice Pre Executive Officer, CFO - C President, Treasurer, Direct Changes should be noted in a change, Mike Jones leave Mike Jones, V as Remove, a Example:	dror And necessal tor title esident, They Find tor, would the followed by the end Sall	wy)  In the first letter of the office title:  The Treasurer, S= Secretary, D= Director; TR Trunameial Officer, If an officer director holds more than ald he PTD  Lowing manner Currently John Doe is listed as the Porporation, Sally Smith is named the V and S. These sly Smith, SV as an Add	istee, C - Chairman or Clerk; CEO - Chief one title, list the first letter offeach office held ST and Mike Jones is listed as the V-There is
	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	Ì
X Add	<u>SV</u>	Sally Smith —	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
	V	Gladys Llerena	1915) South Dixie Highway.
Add	-		Ste 205, Cutler Buy FL 33157
X Remove			
	V	Maria Regueiro	19151 South Dixie Highway.
Add		-	Ste 205 Cutler Bay FL 33157
X Remaya			19151 South Dixie Highway.
	. <del></del> -	Monica Llerena	Ste 205, Cutler Bay FL 33157
X Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
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iffective date <u>if applicable</u> :	08/18/2020	1
	(no more than 90 days after amendment file date)	
iote: If the date inserted in this bocument's effective date on the E	lock does not meet the applicable statutory filing requirements, this date will not be	listed as the
adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes east for the amendment(s) wal.	

Dated 8/18/ 3080.
Signature Glady Gloren
(By the chairman or wee chairman of the board, president or other officer-if direct have not been selected, by an incorporator — if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
Gladys Llerena
(Typed or printed name of person signing)
Vice President
(Title of person signing)