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AUG 2 5 2015

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: UNIVERSITY AUTONOMIC del COELE IN C DOCUMENT NUMBER: 7 1.00000 17-814. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Universidad Autonoma del Coerbe, INC Firm/ Company NW 12 ST. SUITE 119 Mani, Florido, 33126 City/ State and Zip Code mmyeaaa a g mail. com.

E-mail address (to be used for share annual report nonlication) For further information concerning this matter, please call-Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Centified Copy enclosed) (Additional Copy

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

15 AUG 24 AM 6: 52 NOCHE LANT OF STATE TALLAHASSEE, FLORIDA

Articles of Amendment to Articles of Incorporation

Universidad Autonoma	del caube, inc
(Name of Corporation as currently	filed with the Florida Dept, of State)
P 1 00000 17814.	-
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 1006, Florida Statutes, this Fits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Curp," "Inc," or "C word "charlered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	7955 NW 12 ST Suite 119.
(Principal office address MUST BE A STREET ADDRESS)	Mami, FL 33126
C. Enter new mailing address, if applicable: (Mulling address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent TVETE DA	vi LA
7955 NW Florida stre	12 ST Swite 119 et address)
New Registered Office Address MIR	
New Registered Office Address	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	tth and accept the obligations of the position.

If smending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)
Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Remove			
2) Change			
Add			- I and the second seco
Remove		•	
3) Change			_
Add			
Remave			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	***************************************		
Add			
Kemaye			

	ing or adding dditional sheets	, if necessary)	(Be specific)			
							
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fan ame	<u>endment provi</u>	des for an exc	bange, reclass	<u>ification, or ca</u>	ncellation of is	sued shares.	
provisio (if n	ons for implem ioi applicable, i	enting the ain indicate N/A)	enament it no	contained in	the amendmen	1 115611:	
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					A P Alach		
					A Pulls and		

	, if other than the
date this document was signed	
Effective date if applicable: 07/23/2015	
Effective dute if applicable: 0.1123/2016 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records	I not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s).	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
bv"	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 07 23 2015.	
Signature X. S. T. V.	
(By a director, president or other office) - if directors or officers have not been	
selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
appointed reductary by that inductary)	
thalbarita in ucba	
(Typed or printed name of person signing)	
Secretary of Board of Dire	ctoes.
(Title of person signing)	