P10000017814

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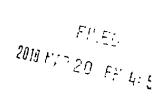
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	UTONOMA DEL CARIB	E INC			
DOCUMENT NUME	BER: P10000017814	····				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	SANDRA DEVIA					
		Name of Contact Persor	1			
	UNIVERSIDAD AUTONOMA DEL CARIBE INC					
		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
	7955 NW 12 ST SUITE 11	•				
	 	Address	.			
	MIAMI, FLORIDA, 32126					
	· · ·	City/ State and Zip Cod	e			
info@	uac.edu					
		sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
LIGIA BARROS		786	3127533			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:			
\$35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

5.



Articles of Amendment to Articles of Incorporation of

UNIVERSIVAD AUTONO (Name of Corporation as current	MA DEL CARIBE INC. tly filed with the Florida Dept. of State)
P10000017814	
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A N/A
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 N/A_	
N/A	,
(Florida s	treet address)
New Registered Office Address: N/A	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Simulation of Name	Registered Agent if changing

If amending 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 De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	Officer		RIVERA, ELECTO	7955 NW 12 ST.
Add				Suite, 119
X Remove				Miami, FL 33126
2) Change		_		
Add				
Remove				
3) Change	·	<u></u>		
Add				
Remove				
4) Change		_		_
Add				
Remove				
5) Change				
Add				
Remove				
6)Change				
Add				
Remove				

(Attach	ding or adding additional Articles, enter additional sheets, if necessary). (Be spec	change(s) here: ic)	
	N/A		
			
If an an	nendment provides for an exchange, recl	ssification, or cancellation o	of issued shares,
provisi	ions for implementing the amendment if not applicable, indicate N/A)	ot contained in the amendn	nent itself:
(3			
	177.6%		
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
			
		······································	

The date of each amendment(s) adoption date this document was signed.	n: <u>N/A</u>		_, if other than the
Effective date if applicable:			
	(no more than 90 days af	fter amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm		tutory filing requirements, this date will r	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient		of votes cast for the amendment(s)	
☐ The amendment(s) was/were approved must be separately provided for each			
"The number of votes cast for the	e amendment(s) was/were sufficie	ent for approval	
by			
*	(voting group)		
The amendment(s) was/were adopted laction was not required.	by the board of directors without	shareholder action and shareholder	
☐ The amendment(s) was/were adopted to action was not required.	by the incorporators without share	eholder action and shareholder	
03/01/2018 Dated	%		
Signature X	m		
(By a directo	r, president or other officer if di	irectors or officers have not been	_
		of a receiver, trustee, or other court	
appointed no	luciary by that fiduciary)		
SAN	DRA DEVIA		
	(Typed or printed name of	person signing)	
OFFI	CER		
	(Title of person	ı signing)	