

L12000013808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

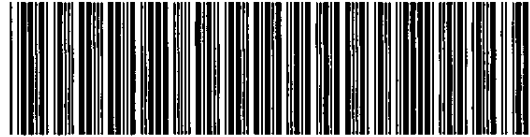
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 09 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SSMS SCHOOL LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HANS E ADAM

Name of Person

SSMS SCHOOL LLC

Firm/Company

6230 CORAL RIDGE DR, SUITE 100

Address

CORAL SPRINGS, FL 33076

City/State and Zip Code

HEADAM@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HANS E ADAM

Name of Person

at (**786**)

735-3696

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SSMS SCHOOL 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 01/30/12 and assigned
Florida document number L12000013808.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6230 CORAL RIDGE DR

SUITE 100

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6230 CORAL RIDGE DR

SUITE 100

CORAL SPRINGS, FL 33076

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TALLAHASSEE, FLORIDA

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:

Name of New Registered Agent:

CLAUDIA ADAM

New Registered Office Address:

6230 CORAL RIDGE DR, SUITE 100

Enter Florida street address

CORAL SPRINGS

City

, Florida

33076

Zip Code

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 608, 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 Changing Registered Agent, Signature of New Registered Agent

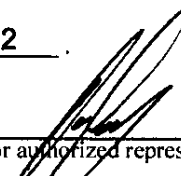
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CLAUDIA ADAM	6230 CORAL RIDGE DR SUITE 100 CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 1, 2012



Signature of a member or authorized representative of a member
HANS E ADAM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA