

W2000020083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300157222983

06/26/09--01011--011 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 26 AM 10:47

FILED

T. CLINE

JUN 29 2009

EXAMINED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** NAME CHANGE: Esek Holdings, LLC  
Name of Limited Liability Company  
changed to Strategic College Consulting, LLC

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

Please return all correspondence concerning this matter to the following:

DAVID F. SPIELMAN

Name of Person

Strategic College Consulting, LLC

Firm/Company

9120 SW 59 Place

Address

Pinecrest, FL 33156

City/State and Zip Code

dfsphd @ strategic-cc.com

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

For further information concerning this matter, please call:

DAVID F. SPIELMAN

Name of Person

at (305) 519-5400

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUN 26 AM 10:47

FILED

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**

Esek Holdings, 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 August 7, 2002 and assigned Florida document number LO2000020083

This amendment is submitted to amend the following:

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

Strategic College Consulting, LLC

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)

SAME

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

FILED  
2009 JUN 26 AM 10:47  
SECRETARY OF STATE  
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:

David Spiegelman

New Registered Office Address:

9120 SW 59 Place

Enter Florida street address

Pinecrest

Florida

33156

City

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.

[Signature]

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>                                           |
|--------------|-------------|----------------|-----------------------------------------------------------------|
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove |

FILED  
 JUN 26 10:47 PM  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

---



---



---



---



---

Dated June 22, 2009

*David F. Spigelman*

Signature of a member or authorized representative of a member

DAVID F. SPIGELMAN

Typed or printed name of signee