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**B. KOHR** 

AUG 2 1 2009

EXAMINER

## • COVER LETTER

Division of Co	rporations		
SUBJECT:	Strategic Coll Name of Limited Lia	ege Consult	ing, LLC
The enclosed Articles o	Amendment and fee(s) are submitted	Name New 1	ane: Confident Choice
Please return all corresp	ondence concerning this matter to the I	following:	College Consulting, LLC
Vane:	c College Consulti	SP/GELMAN	
ContidentChoice	c College Consulti	ollege Consult	try the se
	9120	SW 59 <sup>th</sup>	Place FILED
	Piñe cres	+ FL Sinte and Zip Code	A SEE FLORING
	E-mail address: (to be use	el @ bellsout/	h, net with the state of the st
For further information	concerning this matter, please call:		
David Sp.	je lman Person	at ( <u>305</u> ) <u>519-54</u> Area Code & Daytime T	OO Felephone Number
Enclosed is a check for	he following amount:		
\$25.00 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

Strategic	College	Consulting, LLC wappears on our records.
( <u>Name of the Limit(d Liabili</u> (A Florida	ty Company as it nov Limited Liability Cor	<u>v appears on our records.)</u> mpany)
The Articles of Organization for this Limited Liability (Florida document number LO20002)	Company were filed	
Torkin document ramour		
This amendment is submitted to amend the following:		,
A. If amending name, enter the new name of the lin  Confident Choice  The new name must be distinguishable find end with the we	uited liability comp	any here:
The new name must be distinguishable and end with the work. L.L.C."  No Space	ords "Limited Liability here	y Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	1.5. 09
		E E
		1 2 2
Enter new mailing address, if applicable:		I SERVICE
(Mailing address MAY BE A POST OFFICE BOX)		W 7.0 9
		OF IN
		D. D. M.
B. If amending the registered agent and/or regis	stered office addre	ss on our records, enter the name of the new
egistered agent and/or the new registered office add	iress here:	<b>*</b> **
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida street address
		. Florida
	City	, Florida 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.

H Changing Registered Agent, Signature of New Registered Agent

. If amending or Managing	the Managers or Managing Members on Member being added or removed from a	our records, <u>enter the title, name, and addre</u> our records:	ess of each Manag
MGR = Mana MGRM = Ma	ager anaging Member		
<u>Title</u>	Name .	Address	Type of Action
MGR	MERYL B. SPIGELMAN	9120 SH 59th Place Pincirest, FL 33+16 33156	Add <b>_</b> Remove
		33156	Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	
	<i>)</i> ,		
Dated	8/15/2029 Fil 7	 F.	
-	Signature of a member or	authorized representative of a member  of P. SP/UELMAN  printed name of signee	demonstration of the Control of the

Page 2 of 2

Filing Fee: \$25.00