

**L04 000091695**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000063486 3)))



H080000634863ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727)442-1200  
Fax Number : (727)443-5829

FILED  
08 MAR 12 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
08 MAR 12 AM 6:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**AMND/RESTATE/CORRECT OR M/MG RESIGN**

**F. SAMSON EDUCATIONAL CONSULTANT, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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

SUSAN F. SAMSON EDUCATIONAL CONSULTANT, L.L.C.

(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 December 17, 2004 and assigned  
Florida document number L04000091695.

This amendment is submitted to amend the following:

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

COLLEGE INTUITION, L.L.C.

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

**B. If amending the registered agent and/or registered office address on our records, enter the name of the  
registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

\_\_\_\_\_  
(If Changing Registered Agent, Signature of New Registered Agent)

FILED  
08 MAR 12 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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


Title	Name	Address	Type of Action
MGR	SAMSON, SUSAN F LLC	5137 Jungle Plum Road Sarasota, FL 34242	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SAMSON, SUSAN F.	5137 Jungle Plum Road Sarasota, FL 34242	<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

FILED  
08 MAR 12 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 11, 2008

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Alan S. Gassman, as Authorized Representative  
\_\_\_\_\_  
Typed or printed name of signee