2/0000027370

| (Requestor's Name) |
|--|
| |
| (Address) |
| Addison |
| (Address) |
| (City/State/Zip/Phone #) |
| (0.7,00.00.00.00.7) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| Outfloods of Obstan |
| Certified Copies Certificates of Status |
| 0 111 0 5 1 5 1 5 1 |
| Special Instructions to Filing Officer: |
| Λ 1112. |
| A. LUNT |
| OCT <u>1</u> 0 2012 |
| EXAMINER |
| A STATE OF THE STA |

Office Use Only

500240209715

10/16/12--01026--018 **25.00

SECKLEARY OF SECTION O

SUBJECT: Phenomenal Academic Student Success, P.A.S.S.-SES-L.L.C.

| | Name of Limi | ted Liability Company | | | |
|-----------------------------|--|--|--|-------------|---------|
| The enclosed Articles of | Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all correspo | endence concerning this matter | to the following: | | | |
| | Ms. | Bernadette Montgomery | | | |
| | | Name of Person | | | |
| | Miami-[| Dade County Public Schools | | | |
| | Firm/Company | | | 2 | |
| | Administrative Build | ing 1450 Northeast 2nd Aver | nue, Rm- 500 | 2112 OCT 15 | 71 |
| | Address | | | | - 1 |
| | Miami, Florida 33132 | | | - | T |
| | City/State and Zip Code | | | | |
| | phenome | enalacademics@yahoo.com to be used for future annual report notifica | otton) | S | |
| Tan Carehan in Camanatian a | | • | elon) | | |
| or lurther information c | oncerning this matter, please of | Zali: | | | |
| | illiamson Johnson | at \ | 26-9811 | | |
| Name o | f Person | Area Code & Daytime | Celephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Sectificate of State Certificate Copy (additional copy | | d) |
| | | | | | |

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

Phenomenal Academic Student Success-P.A.S.S.-SES-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 w | ere filed on | 03/11/2010 | _ and assigned |
|--|---------------------|--|--------------------|
| Florida document numberL10000027370 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | ty company here: | | |
| The new name must be distinguishable and end with the words "Limited "L.L.C." | l Liability Company | y," the designation "LLC" | |
| | | | 2912 |
| Enter new principal offices address, if applicable: | | , par 24 | 3 Th |
| (Principal office address MUST BE A STREET ADDRESS) | | [23] () () () () () () () () () (| |
| | | ्रिके स्वर | <u>හ</u> |
| - | | | -0 ;11- |
| | | ران میا رای تلک | - TE |
| Enter new mailing address, if applicable: | | Sy | C 😂 🛴 |
| • | | | - 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 334 | |
| B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: | | | |
| | Enter | · Florida street addres . Florida | S |
| | 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 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> | Name | Address | Type of Action |
|--------------|---|--|--|
| MGRM | Karen A. Williamson-Johnson | 13005 S.W. 109th Court Miami, Florida 33176 | Add Remove |
| MGR_ | Zane Zachary Liddell | 512 Mulberry Lane Desoto, Texas 75115 | |
| MGR | Stanford A. Williamson | 13005 S.W. 109th Court Miami, Florida 33176 | |
| MGR_ | Joyce L. Williamson | 13005 S.W. 109th Court Miami, Florida 33176 | Add Remove |
| | | | And |
| D. If amend | ling any other information, enter change | (s) here: (Attach additional sheets, if necessar | <u>. </u> |
| · | | | |
| | October 15th , 201 | 12 | |
| | Kouen H. William Signature of a member | • | |
| | | . Williamson-Johnson or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00