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## **COVER LETTER**

· TO:	Registration Division of C						
SUBJE	CT: CI		EVELOPMENT GROUF ted Liability Company	P, LLC			
The enc	losed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence concerning this matter to the following:							
	Michael J. Sher  Name of Person						
			Firm/Company				
2310 BAYVIEW LANE							
			Address				
NORTH MIAMI FL 33181 US							
City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)						
For furtl	ner informatior	concerning this matter, please c	all:				
		lichael J. Sher	at(	96 6676			
	Name	e of Person	Area Code & Daytime	Tetephone Number			
Enclose	d is a check for	the following amount:					
\$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

· TO:

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

12 FEB 16 PM 2: 12

CHARTER SCHOOL DEV  (Name of the Limited Liability Comp. (A Florida Limited)	ELOPMENT G any as it now appears Liability Company)	ROUP, LLCAL	LAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company Florida document numberL11000071769	y were filed on	6/21/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here	•	
2340 Magn			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	SAM	14	
(Principal office address MUST BE A STREET ADDRESS)			
		100	
Enter new mailing address, if applicable:		ă.	
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on ou <u>e</u> :	r records, <u>enter t</u> l	he name of the new
Name of New Registered Agent:			<u>.</u>
New Registered Office Address:		<u> </u>	
	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

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 **Type of Action Title** <u>Address</u> <u>Name</u> \_ Add Remove ☐ Add Remove \_\_\_ Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 13 2012 Dated \_\_\_\_\_

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Michael J. Sher

Typed or printed name of signee