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SECRETARY OF STATE OPPORT

EXAMINER EXAMINER V. 3 ALV

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: The Sarasota Mathematics and Science Academy, LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
David Mahan Name of Person				
The Sarasota Mathematics and Science Academy, LLC Firm/Company				
2302 Milford Circle				
Sarasota, FL, 34239 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
David Mahan at (941) 549 - 4710  Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$30.00 Filing Fee \$ Certificate of Status  \$55.00 Filing Fee \$ Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)				

**MAILING ADDRESS:** 

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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

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The Articles of Organization for this Limited Liability Company were filed on <u>06/27/11</u> and assigned Florida document number L 11 0000 74584. IN: 45-2978419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City

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

<u> Title</u>	<u>Name</u>	Address	Type of Actio
······································			Add Remove
			Add Remove
·····			Add Remove
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		e(s) here: (Attach additional sheets, if necessary.)	-
	Name Change is T AND SCIENCE, L	AU MATHEMATICS	_
7	Thank You.		_
ated(	June 12th . 20	12	_
	Signature of a member	or authorized representative of a member	
	David Mahan	or additionable representative of a member	

Page 2 of 2

Filing Fee: \$25.00