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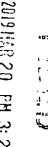
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R. WHITE APR 11 2019

COVER LETTER

School Planning & Design Management, LLC SUBJECT: 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: Chris Kraemer Name of Person School Planning & Design Management, LLC Firm/Company 5136 Butler Ridge Drive Address Windermere, FL 34786 City/State and Zip Code ckraemer@spdm.co - E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 600-4888 Chris Kraemer Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, □ \$55.00 Filing Fee & ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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 FOR THE PROOF

2019 HAR 20 PM 3: 26

School Planning & Design Management, LLC

(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 lorida document number L11000117502	Liability Comp	any were filed on 10/13/11	and assigned
lorida document number	•		
his amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited	liability company here:	
S/A			
he new name must be distinguishable and contain the	words "Limited l	iability Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		N/A	
Principal office address MUST BE A STRE			
The part of pred data too it est be it of the			
		N//	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E <i>BOX</i>)		
			·
. If amending the registered agent an	d/or registered	d office address on our records	, enter the name of the
egistered agent and/or the new registered			, <u> </u>
Name of New Registered Agent:	N/A		
	N1/4		
New Registered Office Address:	N/A	Enter Florida street address	<u>.</u>
		Enter Florida street address	ì
	-	, Flo	orida
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ann Kraemer	12619 Cargside Lane Windermere, FL 34786	 Add
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Ann Kraemer 51%					
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ffective date, if other than t an effective date is listed, the date is local. If the date inserted in this ocument's effective date on the	ust be specific and cannot b block does not meet the	be prior to date of filing applicable statutory	or more than 90 days af	tional) ter filing.) Pursuant to 605.0 his date will not be listed	0207 (3 d as th
e record specifies a delay The 90th day after the r		ut not an effecti	ve time, at 12:01	a.m. on the earlie	r of:
March 12	2019				
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Page 3 of 3

Filing Fee: \$25.00