111000117502

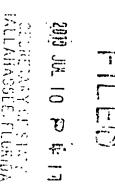
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
200 20000000000000000000000000000000000
Special Instructions to Filing Officer:
L

Office Use Only



900331654909

07/10/19--01005--R03 *+25.00





COVER LETTER

Div	ision of Corp	porations		
SUBJECT:	School Plan	ning & Design Management, I	LLC	
JOBJI.CT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Chris Kraemer		
			Name of Person	
			Firm/Company	
		5136 Butler Ridge Dr		
			Address	
		Windermere, FL 34786		
		ckracmer@spdm.co	City/State and Zip Code	
	Name of Person School Planning & Design Management, LLC Firm/Company 5136 Butler Ridge Dr Address Windermere, FL 34786 City/State and Zip Code ckraemer@spdm.co E-mail address: (to be used for future annual report notification) Information concerning this matter, please call: ter at (
For further in	nformation co	oncerning this matter, please co	all:	
Chris Kraem	ner			
<u> </u>	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 F	filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

Registration Section

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

School Planning & Design Management

FILED

·	(A Florida Limit	<u>ipany as it now appea</u> ed Liability Company)	Andr III	
			UL Mes	F 10 Pr 4 11
The Articles of Organization for this Limited	Liability Compa	ny were filed on $\frac{10}{2}$	/13/11 	and assigned
The Articles of Organization for this Limited Florida document number L11000117502	 '		TALLAH	ASSEL FLURIDA
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited li	ability company h	<u>ere</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Li	ability Company," the	designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)		1	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
(Mailing address MAY BE A POST OFFICE	E BOX)			
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered Name of New Registered Agent:	d/or registered		n our records	s, enter the name of the
B. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent:	d/or registered office address h		n our records	s, enter the name of the
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address h	<u>ere</u> :	n our records	
B. If amending the registered agent an registered agent and/or the new registered Name of New Registered Agent:	d/or registered office address h	<u>ere</u> :		y .

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ann Kraemer		
		12619 Cragside Lane	
		Windermere, FL 34786	■ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change

Chris Kraemer 100%		
Chris Kraemer 100% 7/16/19 Effective date, if other than the date of filing:		
7/16/19 Flective date, if other than the date of filing:		
	· · · · · · · · · · · · · · · · · · ·	
	7/16/19	
fective date, if other than the	date of filing: (optional)	
cument's effective date on the E	epartment of State's records.	or marca a.
record specifies a delave	l effective date, but not an effective time, at 12:01 a.m. on the	earlier o
July 16	2019	
	 ·	
(k		
	Signature of a member or authorized representative of a member	
Chris Kraemer		

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

Page 3 of 3

Filing Fee: \$25.00