

L12000033057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academics by Design 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:

Lori Newell

Name of Person

Academics by Design LLC

Firm/Company

3305 Cancun Drive East

Address

Jacksonville, Florida 32225

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lori Newell

Name of Person

at (904 477-8181)

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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**

Academics by Design 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 Liability Company were filed on March 8, 2012 and assigned
Florida document number L12000033057.

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:

Lori Newell

New Registered Office Address:

3305 Cancun Drive East

Enter Florida street address

Jacksonville, Florida 32225

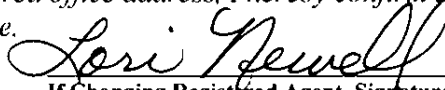
Florida 32225

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Susan Smith</u>	<u>428 Childers St. #23244</u> <u>Pensacola, FL 32534</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Rachel Dailo</u>	<u>12509 Ash Harbor</u> <u>Jacksonville, FL 32224</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Jean-Paul Dailo</u>	<u>12509 Ash Harbor</u> <u>Jacksonville, FL 32224</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Lynne DeWolfe</u>	<u>6069 Anacona Drive</u> <u>Jacksonville, FL 32258</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Peggy Lamon</u>	<u>4365 Red Tip Rd N</u> <u>Jacksonville, FL 32218</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>mGRM</u>	<u>Pamela Raspberry</u>	<u>7355 Penrose St</u> <u>Jacksonville, FL 32208</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

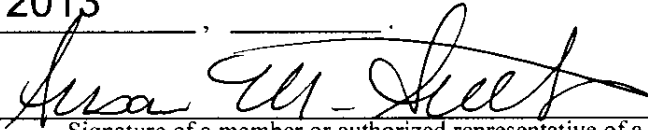
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE: MGRM Vicki Karst 428 Childers St. Pensacola, FL 32534

ADD: MGRM Bret Newell 3305 Cancun Dr. E Jax, FL 32225

ADD: MGRM Ashley Buonomo 637 Tree Swallow Ct, Jax., FL 32218

Dated January 15, 2013



Signature of a member or authorized representative of a member

SUSAN M SMITH

Typed or printed name of signee

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Filing Fee: ~~\$25.00~~

60.00