# L12000068458

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B. BOSTICK
JUN 2 1 2012
EXAMINER

# **COVER LETTER**

TO: Registration Sect Division of Corpo							
£							
SUBJECT:	Student Develo	pment Academy,	LLC				
	Name of Limi	ted Liability Company					
2							
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please return all correspond	dence concerning this matter	to the following:					
		Calvin L Harvey Jr.					
Name of Person							
Student Development Academy,LLC							
		Firm/Company					
	38	27 Union Pacific Dr.	w				
Address							
	Jacksonville, FL 32246  City/State and Zip Code  calvin_harvey@hotmail.com  E-mail address: (to be used for future annual report notification)						
						12	
							~~ii
For further information cor	ncerning this matter, please of	·	,		ASSE	12 JUN 20	Chevana trustima
Calvin	L Harvey Jr.	at ( 904 )	705-35	594	Mar A	PH	-
Name of 1		Area Code &	è Daytime Telepho	ne Number	ORIDA	PM 1: 48	
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 a		60.00 Fil Certifica Certified (addition	te of Sta		osed)

### 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

Student (Name of the Limited I (A I	Developme	ent Academy, I	on our records.				
The Articles of Organization for this Limited Liab Florida document numberL120000684	bility Company		May 22, 2012	and assigned			
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of t	the limited liab	ility company here	<b>:</b> .				
The new name must be distinguishable and end with "L.L.C."	the words "Limi		- ,	FILC" or the abbreviation			
Enter new principal offices address, if applical	ble:	12058 San Jos	se Blvd	5 5 6 6 F			
(Principal office address MUST BE A STREET	ADDRESS)	Suite 602		77			
		Jacksonville, F	FL 32223				
Enter new mailing address, if applicable:				5A 0			
(Mailing address MAY BE A POST OFFICE B	ox)						
B. If amending the registered agent and/or registered agent and/or the new registered offi	***		r records, <u>enter</u>	the name of the new			
Name of New Registered Agent:							
New Registered Office Address:	12058 San Jose Blvd Suite 602						
	Enter Florida street address						
	Ja	acksonville	. Florida	32223			
	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 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> Address **Type of Action** MGR Calvin L Harvey Jr. 12058 San Jose Blvd □ Add ✓ Remove Suite 602 Jacksonville, FL 32246 Calvin L Harvey Jr. MGR ✓ Add 12058 San Jose Blvd Suite 602 Remove Jacksonville, FL 32223 MGR Andre M Jarrell □ Add 12058 San Jose Blvd Suite 602 Remove Jacksonville, FL 32246 Andre M Jarrell MGR 12058 San Jose Blvd Add Remove Suite 602 Jacksonville, FL 32223 Sheldon F Kahrim MGR  $\prod Add$ 12058 San Jose Blvd Remove Suite 602 Jacksonville, FL 32246 ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 18 2012 Dated \_ Signature of a member or authorized representative of a member Calvin L Harvey Jr. Typed or printed name of signee

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Filing Fee: \$25.00