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(((H14000175161 3)))



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To:

982058.0155

ÖFrom:

Division of Corporations

Fax Number : (850)617-6383

Account Name

: TRIPP SCOTT, P.A.

Account Number : 075350000065

Phone

: (954)525-7500

: (954)761-8475

Entirithe email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACDILL ADVISORY EDUCATIONAL COUNCIL, LLC

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K. SALY EXAMINER

JUL 2 4 2014

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACDILL ADVISORY	EDUCATIONAL COUNCIL, LLC
(Name of the	Limited Liability Company on it now annears a

7/23/2014 15:02 FAX 9545252350	Tripp Scott	② 0002/0004
ARTIO	CLES OF AMENDMENT	H14000175161
MIII	TO	
ARTIC	LES OF ORGANIZATION	20 A
	OF	
MACDILL ADVISORY EDUC	ATIONAL COUNCIL, LLC	
(Name of the Limited L	ability Company as it now appears on our reco londa Limited Liability Company)	rds.)
(A r	ionda Limited Liability Company)	rds.) , 2014 and assigned
The Articles of Organization for this Limited Liabil	ity Company were filed on MARCH 17	, 2014 and assigned
Florida document number L14000044497	•	- TOA
	 ,	
This amendment is submitted to amend the following	g:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
MACDILL CHARTER ACADEMY, LLC	The state of the s	
The new name must be distinguishable and end with the word	s "Limited Liability Company" the decignation "	I C" or the shipmyistion "I I C"
Enter new principal offices address, if applicable		
<u>Principal office address MUST BE A STREET A</u>	DDRESS) 201 N. FRANKLIN ST	FREET, SUITE 2100
	TAMPA, FL 33602	
Enter new mailing address, if applicable:	SAME AS PRINCIPA	L OFFICE
(Mailing address MAY BE A POST OFFICE BO)	0	
	-	
	V	
B. If amending the registered agent and/or i	registered office address on our recor	ds, enter the name of the new
egistered agent and/or the new registered office	address here:	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street addr	ess
		lorida
_	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

Page 1 of 3

MGR = Manager

H14000175161

If amending the Managers or Authorized Member on our records,	enter the title, name.	and address of each	Manager or
Authorized Member being added or removed from our records:			

<u>Citle</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
-			
			□ Add
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		<u> </u>	Remove 20 Hy 10: 49
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	H14000175161
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	_
	_
E. Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	-
Dated July 22 , 2014	
Signature of a member of authorized representative of a member	
EDWARD J. POZZUOLI, ESQ., AUTHORIZED REPRESENTATIVE	

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