

#L15000087443

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL -9 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AVALON PARK SCHOOL INITIATIVE, 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:

MARYBEL DEFILLO

Name of Person

AVALON PARK GROUP

Firm/Company

3680 AVALON PARK EAST BLVD.

Address

SUITE 300

City/State and Zip Code

ORLANDO, FL 32828

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

For further information concerning this matter, please call:

MARYBEL DEFILLO

407 658-6565

Name of Person

at ()

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

AVALON PARK SCHOOL INITIATIVE, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on May 18, 2015 and assigned
Florida document number 115000087443.

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 contain 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: _____

Marybel Defillo

New Registered Office Address: _____

3680 Avalon Park East Blvd., Ste. 300

Enter Florida street address

Orlando

, Florida

32828

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.

Marybel Defillo

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ADPMUNI, LLC.	Adpmuni, LLC.	☒ Add
		1819 Goodwin Street	☐ Remove
		Jacksonville, FL 32204	☐ Change
AMBR	School Development HC, LLC.	School Development HC, LLC.	☒ Add
		6340 Sunset. Dr.	☐ Remove
		Miami, FL 33143	☐ Change
MGR	Marybel Defillo	Marybel Defillo	☒ Add
		3680 AvalonPark East Blvd., Ste. 300	☐ Remove
		Orlando, FL 32828	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated July 2, 2015

Signature of a member or authorized representative of a member

Beat Kahli

Typed or printed name of signee