150013035

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone) #)		
PICK-UP	WAIT.	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			





300277335643

09/28/15--01013--005 **25.00

FILED

15 SEP 28 PM 3: 36

SEGNETARY OF STATE
ALLAHASSEE, FLORIDA

SEP 2 9 2015 S. YOUNG

COVER LETTER

Division of C	Corporations						
SUBJECT:	Exceptional Ed. Services,	LLC					
50b02011	Name of Lir	nited Liability Company					
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.					
Please return all corre	spondence concerning this matter	r to the following:					
		Karen L Musser					
		Name of Person					
		Exceptional Ed Services, LLC					
	Firm/Company						
		1195 SW 27th Ave					
		Address					
		Boynton Beach, FL 33426					
	 	City/State and Zip Code	28 SSEE				
		myfaccounting@comcast.net	~ ^;;} -no :}				
For further information	E-mail address:	(to be used for future annual report notifi all:	cation) STATE SO				
Karen L Musser		561 702-9247					
Nam	e of Person	at () Area Code Daytime	Telephone Number				
Enclosed is a check fo	r 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

TO:

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

	Exceptional Ed. Services LI	
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited Florida document number L15000113035	Liability Company were filed on	and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u>₹8</u> ऊ
		SE SE
Enter new mailing address, if applicable:		55 N =
Mailing a <u>ddress MAY BE A POST OFFIC</u> I	<u> </u>	£ 6 € m
		JES ₹ O
		>A = 3: >A = 3: >A = 3:
3. If amending the registered agent and egistered agent and/or the new registered of		on our records, enter the name of the n
Name of New Registered Agent:	Karen L Musser	
New Registered Office Address:	1195 SW 27th Ave	
11011 110Giver 24 211100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter	Florida street address
	Boynton Beach	, Florida ³³⁴²⁶
	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.

Changing Registered Agent, Signature of New Registered Agent

î 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 **Type of Action Title** <u>Name</u> <u>Address</u> □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add J. ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

□ Change

				<u> </u>		·····			
							· • ·		
									
				<u> </u>	····				
									
				·····					
					<u></u>				
		<u> </u>				· · · · · · · · · · · · · · · · · · ·			
			·······				<u>マポートランプ</u>	712	
,								(dri	
			·				22 To	# F	T <u>r</u>
		·		<u> </u>			<u> </u>	28	_=
								بب	
				·····			\$ \	မ္မ	
							··		
effecti <u>e:</u> If t	date, if other than the date ve date is listed, the date must be sp the date inserted in this block do 's effective date on the Departm	ecific and can ses not meet	not be prior to the applical				filing.) Pu		
recor he 90	d specifies a delayed effe Oth day after the record is	ctive date ; filed,	e, but not	an effect	ive time, a	t 12:01 a	.m. on	the e	arlier
ed	September 14	, <u>2</u>	015	- '					
	Land	X r	rlus	u N		nber			

Page 3 of 3

Filing Fee: \$25.00