



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Collier County Learning Disabilities Foundation, Inc.

**DOCUMENT NUMBER:** NO4000003440

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Wilk  
(Name of Contact Person)

Junction of Function, Inc.  
(Firm/ Company)

1011 5th Avenue North  
(Address)

Naples, Florida 34102  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Kelly Wilk at (239) 777-4009  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



The date of adoption of the amendment(s) was: 12/5/04

Effective date if applicable: 1/3/05  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 3rd day of January, 2005.

Signature Kelly A. Wilk  
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Kelly A. Wilk  
(Typed or printed name of person signing)

Managing Director  
(Title of person signing)

**FILING FEE: \$35**