N960000004318

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Only/Otate/Zip/) Hone #/
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
·
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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Old be 330 010

Amend

TB

DEC 10 2010

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Learning Fou	undation, l	nc.		
DOCUMENT NUM	BER: N96000004318				
The enclosed Articles	of Amendment and fee are sub	omitted for fili	ng.		
Please return all corre	spondence concerning this mat	ter to the follo	wing:		
		as J. Arrigor			
	(Name of	Contact Perso	ın)		
I Learning Foundation, Inc.					
	(Firm/ Company)				
	181 Lake Street				
	(.	Address)			
		Park,FL 321			
	(City/ Sta	te and Zip Coo	1e)		
, 	datanetpay E-mail address: (to be use	one@gmail d for future an	.com nual rep	ort notification	on)
For further informatio	n concerning this matter, pleas	e call:			
Thomas J. Arrigor	ni	at (38	J6)	546-0093	
(Name	of Contact Person)	(A	rea Cod	e & Daytime	Telephone Number)
Enclosed is a check fo	r the following amount made p	ayable to the I	Florida D	Department o	f State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Certified ((Additional enclosed)	Copy al copy i		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address			reet Add		15 0110100000)
	dment Section on of Corporations			nt Section	
P.O. B		Division of Corporations Clifton Building			
Tallah		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation** of

2-	F	ILE	#a
<i>(1)</i>	ODEC -	9	9
TALLA	RETARY HASSY	PM 12:	26
ate)	~~° ³ EE	9 PM 12: UF STATE FLORID,	

Learning Foundation, Inc. (Name of Corporation as currently filed with the Florida Dept. of St N96000004318 (Document Number of Corporation (if known)

A. If amending name, enter the new name of	of the corpora	tion:	
The new name must be distinguishable and abbreviation "Corp." or "Inc." "Company"			acorporated" or the
3. Enter new principal office address, if ap Principal office address <u>MUST BE A STRE</u>		PMNSIEC	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		32189 377 Co.R	•
		<u>Satsuma,</u> 32189	<u> </u>
If amonding the registered agent and/or	ragistared off		ntor the name of th
If amending the registered agent and/or new registered agent and/or the new reg		ice address in Florida, e	nter the name of th
		ice address in Florida, e	nter the name of th
new registered agent and/or the new reg	istered office	ice address in Florida, e	nter the name of th
new registered agent and/or the new reg	istered office	ice address in Florida, e address:	nter the name of th , Florida

Signature of New Registered Agent, if changing

• If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name	<u>Address</u>	Type of Action		
Preside	Dr. William J. Lockhart	281 georgetown shortcut road crescent city.fl 32112	☑ Add ☐ Remove		
treas	Priscilla Hurtado	521 Jack Lane San Mateo, Fl 32189	☐ Add Remove		
Presid	Thomas J. Arrigoni	181 Lake Street Pomona Park,FL 32181	☐ Add ☐ Remove		
E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)					

The date of each amendment(s) adoption:	12/5 /2010
	(date of adoption is required)
Effective date <u>if applicable</u> : (no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by twas/were sufficient for approval.	the members and the number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on the amendment(s). The amendment(s) was/were
Dated 12/6/2010 Signature MOWA	D Ching on
(By the chairman have not been sele	or vice chairman of the board, president or other officer-if directors ected, by an incorporator – if in the hands of a receiver, trustee, or ted fiduciary by that fiduciary)
	185 ARKI ONI Typed or printed name of person signing)
Pres	(Title of person signing)