

L00000015503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

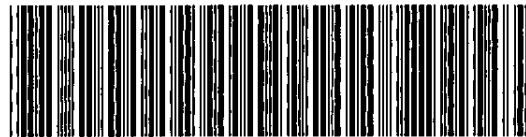
A

Office Use Only

B. KOHR

FEB 20 2012

EXAMINER



300221968093

02/17/12--01011--010 \*\*60.00

12 FEB 17 PM 3:20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Electronic Classrooms of Florida, 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:

John Stevenson

Name of Person

Electronic Classrooms of Florida, LLC

Firm/Company

5344 Song Sparrow Court

Address

Lakeland, FL 33811

City/State and Zip Code

John@ecfl.org

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

For further information concerning this matter, please call:

John Stevenson

Name of Person

at ( 863 )

604-6123

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

12 FEB 17 PM 3:20

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Electronic Classrooms of Florida, LLC**

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

FILED  
12 FEB 17 PM 3:20  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 14, 2000 and assigned  
Florida document number L00000015503.

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 end with 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)**

5344 Song Sparrow Court

Lakeland, FL 33811

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5344 Song Sparrow Court

Lakeland, FL 33811

**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:

John Stevenson

New Registered Office Address:

5344 Song Sparrow Court

*Enter Florida street address*

Lakeland

, Florida

33811

*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 608, 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**

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

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Barbara A. Pike	7701 Nature Trail Lakeland, FL 33809	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	John Stevenson	5344 Song Sparrow Lakeland, FL 33811	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

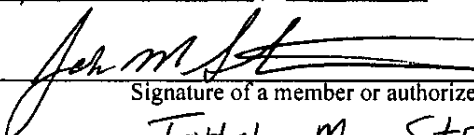
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated 2/14, 2012.

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
JOHN M. STEVENSON  
 \_\_\_\_\_  
 Typed or printed name of signee

ASSIGNMENT OF CERTIFICATE OF PARTICIPATION

The undersigned, BARBARA A. PIKE, does hereby assign, transfer and convey to JOHN STEVENSON her one hundred percent (100%) membership participation and interest in ELECTRONIC CLASSROOMS OF FLORIDA, LC.

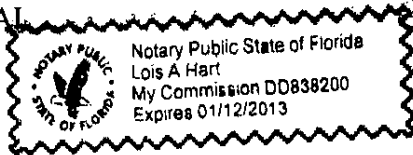
DATED this 10th day of February, 2012.

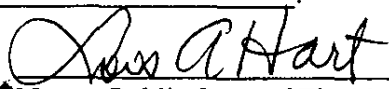
  
BARBARA A. PIKE, SOLE MEMBER

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 10th day of February, 2012, by Barbara A. Pike, who ☒ is personally known to me or ☐ produced identification in the form of \_\_\_\_\_

SEAL



  
\_\_\_\_\_  
Notary Public State of Florida  
My Commission Expires: \_\_\_\_\_