## 105000076691

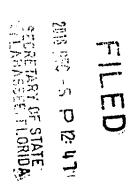
(Re	questor's Name)	·
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300292135993

12/05/16--01026--009 \*\*30.00



**S Warren** DEC 0 7 2016

TO:

## **COVER LETTER**

	tegistration Se Division of Cor			
CHDIEC		nections Academy, L.L.C.		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter	to the following:	
		Dana Goeller		
		<del></del>	Name of Person	
		Connections Education LL	.c	
			Firm/Company	
		8830 Stanford Boulevard		
			Address	
		Columbia, MD 21045		
		<u></u>	City/State and Zip Code	
		dgoeller@connectionseduca		
			to be used for future annual report	notification)
For further	r information co	oncerning this matter, please ca	all:	
Dana Goe	ller		443 212-1162 at ( )	2
	Name of	Person		rtime Telephone Number
Enclosed i	s a check for th	e 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

## DocuSign Envelope ID: 092D4A9B-6C08-4ECB-8C42-79869C736D44 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Florida Connections Academy, L.L.C.	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on August 4, 2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
Connections Education of Florida, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	8830 Stanford Boulevard
(Mailing address MAY BE A POST OFFICE BOX)	Columbia, MD 21045
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Sip Code
New Registered Agent's Signature, if changing Registered Agent:	RIDA

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.

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 092D4A9B-6C08-4ECB-8C42-79869C736D44
II amending Authorized rerson(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>	Address	Type of Action
		<del></del>	🖸 Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
	· .		Add
			Remove
			Change
			Add
			Remove
			Change
			🗖 Add
	· · · · · · · · · · · · · · · · · · ·	A STATE OF THE STA	——Remove
		N SEE S	_r <b>~~</b>
		OF STATE FLORIDA	□ Add
			□ Remove
			□ Change

1	1								
-				•					
<del></del>				*					
						<del></del>			
						·			
				-	•	·			
					<u>:</u>				
	·								
				,					
							· · · · · · · · · · · · · · · · · · ·		
			<del></del>						
<del></del>						· · · · ·			
						<del>,</del>			
<del></del> -									
If an effecti Note: If t	date, if other than to the date is listed, the date in this is effective date on the	must be specific a block does no	and cannot be pro t meet the app	icable statutor		an 90 days		g.) Pursu	
	d specifies a delay Oth day after the r			not an effec	tive time,	at 12:0	)1 a.m.	on th	e earliei
	ovember 30		2016				_3	2013	-0
	DocuSigned by:		_ ,	<del></del> '					
No	DocuSigned by:  Dana Joeller  507018100079483		_,	·	•		AN THE	(T)	HED

Page 3 of 3

Filing Fee: \$25.00