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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

SUFFICIENCY OF FILING

DEPARTMENT OF STATE OF STATE OF STATE OF CORPORATIONS

B. KOHR

JAN 1 8 2008

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662, TALLAHASSEE, FL 32302 155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301 PHONE: (850) 216-0457 / FAX: (850) 216-0460

DATE: 1/17/2008

NAME: KAIZEN VIRTUAL TRAINING, LLC

TYPE OF FILING: AMENDMENT

COST: \$25

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: PAUL ABBIE MODEE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Limited) | Liability Company as it now Florida Limited Liability Com | appears on our records.) pany) | Or. | | | |
|--|--|--------------------------------|--------------------------|--|--|--|
| The Articles of Organization for this Limited Lia | ability Company were filed o | n <u>August 5, 2005</u> | and assigned | | | |
| Florida document number | * | | | | | |
| This amendment is submitted to amend the follow | wing: | | | | | |
| A. If amending name, enter the new name of | the limited liability compar | ny here: | | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability (| Company," the designation ' | LLC" or the abbreviation | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | on our records, <u>enter</u> | the name of the new | | | |
| Name of New Registered Agent: | _National Corporate | Research, Ltd., | Inc | | | |
| New Registered Office Address: | New Registered Office Address: 515 East Park Avenue (Enter Florida street address) | | | | | |
| , | Tallassee (City) | , Florida | 32301 (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.

Lynn Melvin
(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> | | Address | | Type of Action | | |
|--|-------------------|----------------------------|---|---------------------------------------|-------------------|--|--|
| MGRM | Kim D. H | ackett . | Suite 222 | ercial Boulevard | ☐ Add ■ Remove | | |
| <u>MGRM</u> | MM LLC <u>a</u> | Delaware Liability Comp | any <u>51 Mill Stree</u> | nors, Inc. et, Building F 02337 | Add Remove | | |
| | | | | | Add Remove | | |
| ************************************** | <u></u> | | | | Add Remove | | |
| | | | | | □Add □Remove | | |
| | | | | · | Add Remove | | |
| D. If an | nending any other | information, enter o | ange(s) here: (Attach ada | ditional sheets, if necessary.) | - | | |
| | | | | | - - | | |
| | | | | | - - | | |
| Dated | January | 17th | | | | | |
| William Deyesso | | | | | | | |
| | By: MM LL | C, its manager | nber or authorized representa o. its Manager med or printed name of signe | | | | |

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