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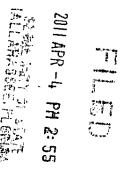
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COVER LETTER

TO: F	gistration Section vision of Corporations		
SUBJEC*	eLearning Insight LLC		
	Name of Limited Liability Company		
The enclos	d Articles of Amendment and fee(s) are submitted for filing.		
Please retu	n all correspondence concerning this matter to the following:		
	Dr. Charles L. Rawls, Jr.	_	
	Name of Person		
	eLearning Insight LLC		
Firm/Company		22 20 20 20 20 20 20 20 20 20 20 20 20 2	
	1218 Needlewood Loop	AP	************
Address		2011 APR -4	
	Oviedo, FL 32765	1	
	City/State and Zip Code	To R	E ALEMAN S
	Chad.Rawls@gmail.com E-mail address: (to be used for future annual report notification)	55	
	E-mail address: (to be used for future annual report notification)	···.	
For further	nformation concerning this matter, please call:		
	at (
	Name of Person Area Code & Daytime Telephone Numbe	r	
Enclosed i	a check for the following amount:		
\$25.00	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	ate of Status &)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eLearning I	nsight LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recordiability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L070004849</u> 8	were filed on May 7, 3	2007 and assigned	
This amendment is submitted to amend the following:		2011 APR	
A. If amending name, enter the new name of the limited liab	ility company here:	3 3	
Orlando Training		OE 1	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designa		
Enter new principal offices address, if applicable:	N/A	Sa N	
(Principal office address MUST BE A STREET ADDRESS)		55	
Enter new mailing address, if applicable:	N/A	 	
(Mailing address MAY BE A POST OFFICE BOX)	13/15	 	
(mauing address MAT BE A FOST OFFICE BOA)		Anna 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		nter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Futor Florida atra	ant address	
	Enter Florida street address		
	, Flori	ida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	-		Add Remove
			Add Remove
			AddRemove
· · · · · · · · · · · · · · · · · · ·			AdP Remove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if neo	Signal Signal
Dated		<u>2011</u> .	
	Signature of a mem Or, Char	nber or authorized representative of a member 185 L. Rawls Tr. ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00