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SECRETARY OF STATE DIVISION OF CORPORATION

G. MCLEOD

FEB 0 7 2008

EXAMINER

COVER LETTER

TO:		Registration Section Division of Corporations					
SUBJE	ECT:	VOLUSIA	LEARNING LLC				
(Name of Limited Liability Company)							
The en	closed Articles o	f Amendment and fee(s) are sub	bmitted for filing.				
Please	return all corresp	ondence concerning this matter	r to the following:				
		RDE	BEAT HUTCHINSON				
			(Name of Person)				
VOLUSIA LEARNING LLC							
(Firm/Company)							
	2582 ENTERPRISE RD.						
	(Address)						
		DRANG	5E CITY, FL 32763				
	(City/State and Zip Code)						
For fur	ther information	concerning this matter, please o	eall:				
	BOBERT	HUTCHINSON	at (386) 774-1446				
	(Name	of Person)	(Area Code & Daytime Telephone Number)				
Enclose	ed is a check for	the following amount:					
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is enclosed)	sed)			
	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327 nassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATION

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08 FEB -6 PM 1: 22

(Name of the Limited Liabi (A Florid	SIA LEARNING ility Company as it now app	pears on our records.)	
(A Florid	da Limited Liability Compar	ıy)	
The Articles of Organization for this Limited Liability	y Company were filed on _	6-27-07	and assigned
Florida document number L0700061570	<u>) </u>		
This amendment is submitted to amend the following	Ç.		
A. If amending name, enter the new name of the l	imited liability company	here:	
VOLUSIA EDUCA	tors llc		
The new name must be distinguishable and end with the "L.L.C."		mpany," the designation "I	LLC" or the abbreviation
B. If amending the registered agent and/or regregistered agent and/or the new registered office a Name of New Registered Agent: New Registered Office Address:		(Enter Florida street add	
	(City), Florida (Zip Code)		
	(City)		(Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered ages the provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	ent and agree to act in thi cand complete performan dagent as provided for in vered office address, I her	nce of my duties, and I a n Chapter 608, F.S. Or,	ım familiar with and if this document is
	(If Changing Registered	Agent, Signature of New Re	egistered 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 **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove ☐ Add ☐ Remove □Add Remove □Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) FEB Dated_ Signature of a member or authorized representative of a member POBERT HUTCHINSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00