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COVER LETTER

TO: Registration Seconds Division of Corp			
Ecam	pus LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Dan Thibode	eau	
		Name of Person	
	Ecampus LL	_C	
		Firm/Company	
	31 SE 5th S	t #2402	
	•	Address	
	Miami, FL 3	3131	
	Contact@roomsu	City/State and Zip Code	2014 PAILU
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please c	all:	ASS 19
Dan Thibod	leau	at (603) 978-6073	P
Name of	f Person	Arca Code Daytime Telephone N	STATE CARIDA
Enclosed is a check for th	e following amount:		·
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ecampus LLC				
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		_	
The Articles of Organization for this Limited Liability Comp Florida document number L0900019861		and	d assig	ned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:			
Ecampus Ventures LLC				
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "LLC" or th	e abbreviati	on "L.I	C."
Enter new principal offices address, if applicable:				.
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	<u> </u>	2	
		,	D	
		ina (** 12-⊊)	20	CORDINAL.
Enter new mailing address, if applicable:		388 588	9	Towns.
(Mailing address MAY BE A POST OFFICE BOX)		Ties Ties	P	, 17 mg
<u> </u>		07.5	က်	YARLES
			$\overline{\Box}$	
B. If amending the registered agent and/or registere	ed office address on our records, ente	er the na	ယ me of	f the n
registered agent and/or the new registered office address	•			
Name of New Registered Agent:		 		
New Registered Office Address:				
_	Enter Florida street address			
	, Florida			
	City	Zip C	ode:	
New Registered Agent's Signature, if changing Registered Agent's	gent;			
I hereby accept the appointment as registered agent and	l agree to act in this capacity. I further o	agree to c	:ompl	v with t

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

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
			□ Remove
			□ Add
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. If amending any other inform	other information, enter change(s) here: (Attach additional sheets, if necessary.)		
 		_	
		<u>-</u>	
	he date of filing:		
Dated March 16	2014		
	Signature of a member or authorized representative of a member		
Dan Thiboo			
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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