

LO 9000067114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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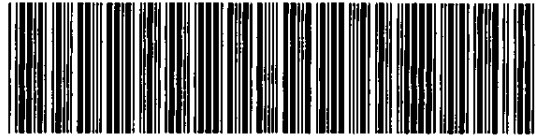
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**A. LUNT**

APR 28 2010

**EXAMINER**

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SECTION 1 OF 1 STATE  
TALLAHASSEE, FLORIDA

2010 APR 27 PM 12:59

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** IDT Central, L.L.C.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

**Please return all correspondence concerning this matter to the following:**

Christopher Gardner

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Name of Person

Firm/Company
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424 E. Central Blvd., Box 174  
Address

Orlando, FL 32801  
City/State and Zip Code

chris.gardner@idtcentral.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Gardner at ( 407 ) 415-0425  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED  
2010 APR 27 PM 12:59  
DEPARTMENT OF TREASURY  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

                    IDT Central, L.L.C.                    

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/10/2009 and assigned  
Florida document number L09000067114.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Center for Instructional Design & Technology, LLC

The new name must be distinguishable and end with the words "Limited Liability 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)**

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CLERK OF DISTRICT COURT	
JACKSONVILLE, FLORIDA	

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

                    , Florida

                      
City

                      
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**

**MGR = Manager**  
**MGRM = Managing Member**

[illegible]


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Signature of a member or authorized representative of a member

**Christopher Gardner**  
Typed or printed name of signee