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10 OCT 25 PH IZ: 18

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON OCT 2 8 2010 EXAMINER

COVER LETTER

	tration Section ion of Corporations				
SUBJECT:	LEARNOLOGY, LLC				
20202011	Name of Limited Liability Company				
The enclosed	Articles of Amendment and fee(s) are submitted for filing.				
Please return	Il correspondence concerning this matter to the following:				
	Linda D. O'Connell Name of Person				
Learnology, LLC Firm/Company					
1272 Hollywood Avenue					
Jacksonville, FL 32205 City/State and Zip Code					
	lindadoconnell@bellsouth.net E-mail address: (to be used for future annual report notification)				
For further in	ormation concerning this matter, please call:				
	Linda D.O'Connell at (904) 502-4873 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a	heck for the following amount:				
☑ \$2 5.00 Fi	ng Fee \$\int_{\text{\$30.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$55.00 Filing Fee & Certificate of Status}}\$\int_{\text{\$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}}\$\int_{\$60.00 Filing Fee, Certified C				

MAILING ADDRESS:

TO:

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 Taliahassee, FL 32301

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF OIVISION OF CORPORATIONS

LEARNOLOG	10 OCT 25 PH 12: 18
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company we	re filed on 07/22/2010 and assigned
Florida document numberL10000077236	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
LEARNOLOGI	E LLC
The new name must be distinguishable and end with the words "Limited L.L.C."	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
_	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Emer Fioriaa street adaress
·	*** * *

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Ma MGRM = 1	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	**************************************		Add Remove
*******			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change((s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE SIVISION OF CORPORATIONS 10 OCT 25 PH E: 18
Dated	October 21, 201	O'Consell	
	_	r authorized representative of a member	
	Typed or	da D. O'Connell r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00