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COVER LETTER

The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Michael Gel Name of Person Learning Laddel LLC Firm/Company HOLL Merry wood Drive Address Jackson'ille Florida 327.56 City/State and Zip Code Mageelove/3 @ Amhil. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Gee Name of Person at (904 497.3b02 2007) Enclosed is a check for the following amount: D=\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed)	TO: Registration Section Division of Corporations	
Please return all correspondence concerning this matter to the following: Michael Gee Name of Person Learning Laddel LLC Firm/Company HOLD Merrywood Dive Address Address Address Address Address City/State and Zip Code Magee love 13 @ amil. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Gee Name of Person Area Code Daytime Telephone Number 25 Enclosed is a check for the following amount: Securificate of Status Certificate of Status Certified Copy (additional copy is enclosed)	SUBJECT: Learning Ladder, LLC Name of Limited Liability Company	
Michael Gee Name of Person Learning Ladder, LLC Firm/Company HDIB Merry Wood DRIVE Address Jacksonville Florida 32256 City/State and Zip Code Magee Jove 18 @ gmil. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Gee Name of Person Area Code Daytime Telephone Number 17 Enclosed is a check for the following amount: D=\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Co	The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Learning Ladder, LLC Firm/Company ### HOTE Merry wood Drive Address Jacksonville Florida 32756 City/State and Zip Code	Please return all correspondence concerning this matter to the following:	
Learning Ladder, LLC Firm/Company HDIS Merry wood Dive Address Jacksonville Florida 32756 City/State and Zip Code Mage love 13 @ a Mail . Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Lee Name of Person Area Code Daytime Telephone Number 20 Enclosed is a check for the following amount: D=\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	Michael Gee Name of Person	
ACKSONVILLE FLORIZA 32256 City/State and Zip Code Mage love 13 @ gmail. Com E-mail address: (to be use for future annual report notification) For further information concerning this matter, please call: Michael Lee Name of Person at (904 497 - 3602 Area Code Daytime Telephone Number 25 Area Code Daytime Telephone Number 25 Area Code Daytime Telephone Number 25 Certificate of Status Enclosed is a check for the following amount: D=\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy		
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For further information concerning this matter, please call: Michael Gee	JACKSONVILLE FLORIDA 32756 City/State and Zip Code	
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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

Learning (Name of the Lim	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y as it now appears on our ability Company)	r records.)	
The Articles of Organization for this Limited Florida document number ∠1600074	Liability Company v			and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabil	ity company here:		
The new name must be distinguishable and contain the Enter new principal offices address, if appl (Principal office address MUST BE A STRE	icable:	ty Company," the designation	on "LLC" or the abbrevi	ation "L.L.C."
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered Name of New Registered Agent: New Registered Office Address:		: Ka III	ALLAN SECRET OF	219

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective d	e, if other than the date of te is listed, the date must be specif	fic and cannot be prior to date of filing or r	more than 90 days a	otional) fter filing.) Pursuant to 605.020
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