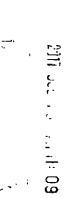
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(Requestor's Name)
(Address)
(Address)
(variety,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000301449270



M. MOON
JUL 1 8 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 709714 8077733

AUTHORIZATION : Sovelable mag.

COST LIMIT : U\$\\180.00

ORDER DATE : July 3, 2017

ORDER TIME : 12:55 PM

ORDER NO. : 709714-025

CUSTOMER NO: 8077733

DOMESTIC AMENDMENT FILING

NAME: ELEARNING CORNER, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

ТО:	New Filing S Division of C				
SUBJ	ECT: ELC INF	FORMATION SECURITY	, llc		
		(Name of Re	sulting Florida Limited Co	mpany)	
The en	nclosed Article ess Entity" into	es of Conversion, Artic o a "Florida Limited L	cles of Organization, a liability Company" in a	nd fees are submitted to co accordance with s. 605.104	onvert an "Othe 15, F.S.
Please	return all corr	espondence concernir	ng this matter to:		
		(Contact Person)			
		(Firm/Company)			
		(Address)			
	((City, State and Zip Code)			
E-m	ail Address: (to b	e used for future annual re	eport notifications)		
For fu	rther informati	on concerning this ma	atter, please call:		
	(Name of Conta	ort Damon)	_at ()		
		•		ytime Telephone Number)	
Enclos dollars	ed is a check f and drawn on	or the following amou a bank located in the	int: (All checks process United States)	sed by this office must be	payable in US
(\$ 25 for & \$ 125	0.00 Filing Fees Conversion for Articles hization)	☐\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fees and Certified Copy	☐\$185.00 Filing Fees. Certified Copy, and Certificate of Status	
	ET ADDRESS	S:	MAILING A		_
Divisio Clifton	n of Corporati Building		New Filing S Division of C P. O. Box 63:	orporations 27	17 ."
	xecutive Centerssee, FL 3230		Tallahassee, i	FL 32314	-

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ELEARNING CORNER, LLC
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
JANUARY 8, 2007 on (date of organization, formation or incorporation) (Enter state, or if a non-U.S. entity, the name of the country)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: ELC INFORMATION SECURITY, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 30+4 day of June	20_17
Signature of Authorized Representative of Lim	ited Liability Company:
Signature of Authorized Representative: June Printed Name: SAM CARTER	Title: SOLE MEMBER
Signature(s) on behalf of Other Business Entity:	[See below for required signature(s)]
Signature: SAM CARTER Printed Name: SAM CARTER	Title: SOLE MEMBER
Signature:	
Printed Name:	Title:
Signature:Printed Name:	Title:
Signature: Printed Name:	Title:
	•
Signature:Printed Name:	Title:
Signature:	
Printed Name:	Title:
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc.	Officer. corporator must sign.
If Florida General Partnership or Limited Liability Signature of one General Partner.	ty Partnership:
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:
All others: Signature of an authorized person.	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	•
ELC INFORMATION SECURITY, LLC	
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2470 SUNRISE DRIVE SE	2470 SUNRISDE DRIVE SE
ST PETERSBURG, FL 33705	ST PETERSBURG, FL 33705
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re-	gistered agent are:
CORPORATION SERVICE COM	
Name	
1201 HAYS STREET	
Florida street address (P.O. I	Box NOT acceptable)
TALLAHASSEE	FL 32301-2525
City	Zip
registered agent and agree to act in this capacity statutes relating to the proper and complete per	his certificate, I hereby accept the appointment as the certificate, I hereby accept the appointment as to. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 605, F.S Melissa Zender Asst. Vice President ure (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	SAM CARTER
	2470 SUNRISE DRIVE SE
	ST PETERSBURG, FL 33705
	51 1511ASDERG, 1E 33703
	
LE V: Effective date, if other than rective date is listed, the date must	the date of filing: (OPTIONAL st be specific and cannot be more than five business
days after the date of filing.)	et the applicable statutor: Gline crouisments this day will
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) the date inserted in this block does not meet a date inserted in the Department of State of the Department of State VI: Other provisions, if any. SEQUIRED SIGNATURE:	et the applicable statutory filing requirements, this date will not be te's records.
E V: Effective date, if other than the date is listed, the date must lays after the date of filing.) e date inserted in this block does not meet affective date on the Department of State VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb This document is executed in I am aware that any false infor	et the applicable statutory filing requirements, this date will not be se's records.
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.) e date inserted in this block does not meet effective date on the Department of State E VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb This document is executed in I am aware that any false infor	er or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State
E V: Effective date, if other than the ective date is listed, the date must lays after the date of filing.) e date inserted in this block does not ment of effective date on the Department of State VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a memb This document is executed in I am aware that any false infor constitutes a third degree felor SAM CARTER	er or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State

The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-