## L20000119999

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INTELLIGENT LEADERSHIP ONLINE ACADEMY, LLC 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: LAURYN CHARLES Name of Person ACCOUNTABLE FINANCIAL SERVICES GROUP, INC Firm/Company 461 E HILLSBORO BLVD SUITE 200 Address DEERFIELD BEACH, FL 33441 City/State and Zip Code ANNUALREPORTS@AFSGCONSULTING.COM E-mail address: (to be used for future annual report notification) ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee,

For further information concerning this matter, please call:

LAURYN CHARLES	954 9	33-1558
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

TO:

SUBJECT:

Registration Section **Division of Corporations** 

> ☐ \$30.00 Filing Fee & Certificate of Status

Certified Copy (additional copy is enclosed).

Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION **OF**

FILED

INTELLIGENT LEADERSHIP ONLINE ACADEMY, LLC

(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			ALLI SSEC First
Florida document number L20000119999			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	n the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  applicable:  [REET ADDRESS]		
The new name must be distinguishable and contain the words "Limited Liab	offity 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)			
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, <u>enter the</u>	name of the new regis
agent and/or the new registered office address here:			-
Man CM D. Co. LA			
Name of New Registered Agent:		<del></del>	
New Registered Office Address: 7344 BELLA	FORESTA PLAC	rida street address	
CANDOUR	Enter Fle		2270
SANFORD	Çiiv	, Florid	a 32771 Zin Code
New Registered Agent's Signature, if changing Registered Agent	•		enje witti

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 i 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Actio
CEO	JOHN S. MATTONE	1668 CHERRY RIDGE DR	CAdd
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			□ Change
MGRM	JOHNMATTONEPARTNERS INC	7344 BELLA FORESTA PLACE	<b>≣</b> ∆dd
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