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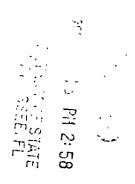
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
GUD IF		NING SOLUTIONS LLC		
SUBJEC	CT:	Name of Lim		
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		VALENTINO SANTANA		
			Name of Person	
		IXL TRAINING SOLUTI	ONS LLC	
			Firm/Company	<del> </del>
		3272 NW 22ND AVE		
		· · · · · · · · · · · · · · · · · · ·	Address	
		FORT LAUDERDALE, F	LORIDA 33309	
			City/State and Zip Code	8.3
		VSANTANA33015@GMA		週週 あ
			to be used for future annual report notification)	PH 2:58
For lunt	ter information c	oncerning this matter, please c	alt:	2: ST/
VALEN	TINO SANTAN	IA .	30.5 776-0005	77E
	Name o	f Person	Area Code Daytime Telepho	ne Number
Enclosed	d is a check for th	ne following amount:		
<b>≡ \$</b> 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 Addres		Street Address: Registration Section	
Registration Section Division of Corporations			Division of Corporatio	ns
P.O. Box 6327			The Centre of Tallahas	ssee
Tallahassee, FL 32314		FL 32314	2415 N. Monroe Street	t, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IXL TRAINING SOLUTIONS ELC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our reco liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number 1.20000296899	were filed on <u>09/21/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
ELEVEN LEARNING LABS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
1 - magain office and the control of		
		10 Th
Enter new mailing address, if applicable:		**************************************
(Mailing address MAY BE A POST OFFICE BOX)		F.S. 2
		r. 50 25
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	Florida	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
	an to got in this agreeity. I	further garge to comply with th
l hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ee 10 act in this capacity. 1 , neeformance of my duties	ond Lam familiar with and
accept the obligations of my position as registered agent as p	perjormance of my alines, provided for in Chapter 605	5, F.S. Or, if this document is
being filed to merely reflect a change in the registered office		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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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			□Remove
			□Add
			□Remove
			Change
			☐Add
			SO B Ghange
			E. F.L. 059
			Remove
<del></del>			□Add
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			□ Change

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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 6 ing requirements, this date will not be li	 05.0201 isted as
e record specifies a delayed The 90th day after the reco	l effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the ear	lier of
ated JULY 10TH	2024		
1/	<u> </u>		
11-19	Signature of a member or authorized representative	ve of a member	

Filing Fee: \$25.00