L23000017884

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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
Florida Digital Learning Association LLC SUBJECT:				
3013111	Name of Limited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Kenneth R. Nani		
			Name of Person	 ,
		Florida Digital Learning A	assocation LLC	
Firm/Company			·	
		10933 Cory Lake Dr.		
Address				
		Tampa, FL 33647		
			City/State and Zip Code	
		kennanni@hotmail.com		
		E-mail address: (to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Kenneth 1	Nanni		352 275-9369	
	Name of Person		at () Area Code Dayti	me Telephone Number
Enclosed i	is a check for th	ne following amount:		
\$25.0	0 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)
	failing Addres		Street Address:	
Registration Section			Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327			The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Digital Learning Association 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 were filed on 1/17/2023 and assigned Florida document number _____L23000017884 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: E-Learning Collaborative LLC The new name must be distinguishable and contain the words "Limited Liability 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) ſΠ B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

, Florida __

D. II amenum	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
ecord is filed.	rifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 13, 2023.
_	Coctober 13, 2023. Coctober 13, 2023. Coctober 13 , 2023. Signature of a member or authorized representative of a member
_	Typed or printed name of signee

Filing Fee: \$25.00