

M05000601906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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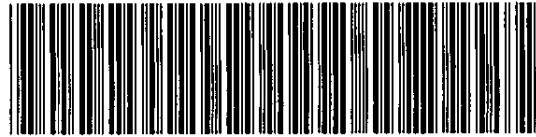
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 APR 16 PM 3:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

09 APR 16 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 16 2009

EXAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04-16-09

NAME: CBT DIRECT, LLC

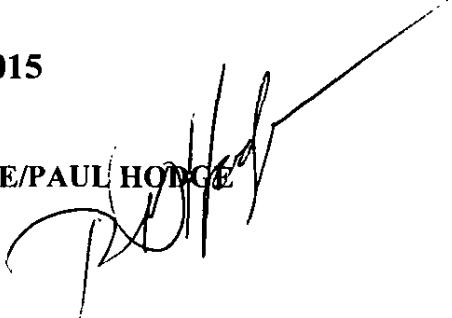
TYPE OF FILING: AMENDMENT

COST: \$55

RETURN: CERTIFIED COPY

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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09 APR 16 PM 3:15
TALLAHASSEE, FLORIDA

1st

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: CBT Direct, LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: 4/12/2005

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 4/1/2009
5. New name of the limited liability company: River Ridge Training, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

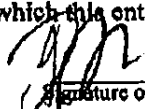
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of a member or the authorized representative of a member

David Parkinson

Typed or printed name of signee

Filing Fee: \$25.00

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09 APR 16 PM 3:15
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Delaware

PAGE 1

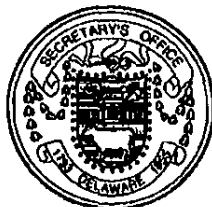
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "CBT DIRECT, LLC", CHANGING ITS NAME FROM "CBT DIRECT, LLC" TO "RIVER RIDGE TRAINING, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF APRIL, A.D. 2009, AT 5:41 O'CLOCK P.M.

3944367 8100

090366884

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7247801

DATE: 04-15-09

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:41 PM 04/15/2009
FILED 05:41 PM 04/15/2009
SRV 090366884 - 3944367 FILE

STATE of DELAWARE
CERTIFICATE of AMENDMENT
to
CERTIFICATE of FORMATION

IT IS HEREBY CERTIFIED THAT:

1. The name of the limited liability company (hereinafter called the "*limited liability company*") is:

CBT DIRECT, LLC

2. The certificate of amendment to certificate of formation of the limited liability company is hereby amended by striking out Article I thereof and by substituting in lieu of Article I the following new Article:

"I.

NAME

The name of the limited liability company is RIVER RIDGE TRAINING, LLC (the "*Company*")."

Executed on April 15, 2009

/s/ David Parkinson
David Parkinson, Authorized Person