M05000002940

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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DIVISION OF CORPORATIONS

11 APR - 1 AN 7: 13

T. HAMPTON

APR -5 2011

EXAMINER

COVER LETTER

TO: Regis Divis			·	,
SUBJECT:	Connec	ctions Academy, LLC	Limited Liability Comp	pany)
		(m 0. 1 0.0.g., 1	zamowa zawemoj cemp	···· <i>,</i>
Dear Sir or M	ladam:			
The enclosed	applicat	on, certificate and fee(s)	are submitted for filing	
Please return	all corre	spondence concerning thi	s matter to the followir	ıg:
Laure	n Be	(Name of Person)		
		(Name of Person)		
Connecti	0n5 i	1 Caderry (Firm/Company)		
1001 /1-	eet 8	Meet 5th floor (Address)		
Baltimo	ore ,	MD 21202 (City/State and Zip Code)	
For further in	formatio	n concerning this matter,	please call:	
Bianca	For Name	of Person) at	t (<u>443</u>) <u>87</u> Area Code & Daytime	3 - 1709 Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a	check f	or the following amount	:	
■ \$25 Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy



RECEIVED

11 APR -1 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 22, 2011

LAURA BELKOT 1001 FLEET ST 5TH FLOOR BALTIMORE, MD 21202

SUBJECT: CONNECTIONS ACADEMY, LLC

Ref. Number: M05000002940

We have received your document for CONNECTIONS ACADEMY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 211A00006966

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: Connections Academy, LLC
2.	Jurisdiction of its organization: Delaware
3.	Date authorized to do business in Florida: 05/31/2005
	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? 01/07/2011
5.	New name of the limited liability company: Connections Education LLC.
	(must end with "Limited Liability Company, ""L.L.C.," or "LLC.")
Flo	name unavailable, enter alternate name adopted for the purpose of transacting business in orida and attach a copy of the written consent of the managers or managing members adopting alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "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:
	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
	Barbara Dreyer
	Typed or printed name of signee
	Filing Fee: \$25.00

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CONNECTIONS EDUCATION LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF MARCH, A.D. 2011.

3442739 8300

110202144

AUTHENTY CATION: 8602081

DATE: 03-04-11

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

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 "CONNECTIONS ACADEMY,
LLC", CHANGING ITS NAME FROM "CONNECTIONS ACADEMY, LLC" TO
"CONNECTIONS EDUCATION LLC", FILED IN THIS OFFICE ON THE SEVENTH
DAY OF JANUARY, A.D. 2011, AT 12:41 O'CLOCK P.M.

3442739 8100

110096667

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 8530669

DATE: 01-31-11

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

State of Delaware Secretary of State Division of Corporations Delivered 12:41 PM 01/07/2011 FILED 12:41 PM 01/07/2011 SRV 110023290 - 3442739 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

Name of Limited Liability Company:	Connections Academy LLC
The Certificate of Formation of the linus follows:	nited liability company is hereby amende
The following amendment to formation was adopted on J	
Article One of the Certifi amended so as to read as f	cate of Formation is hereby ollows:
"The name of the limi Connections Education LLC.	ted liability company is
N WITNESS WHEREOF, the under	signed have executed this Certificate on
he 5th day of Janua	A.D. 2011.
Ву:_	Sabara Delyer
· · · · · · · · · · · · · · · · · · ·	Authorized Person(s)
Nan	
	Print or Type

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