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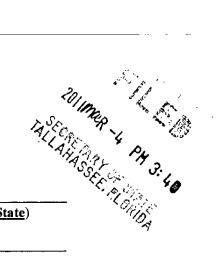
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ILearing Four	ndation	
DOCUMENT NUM	BER: N96000004318	,	
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		erie Hughs	
	(Name o	f Contact Person)	
	lLearni	ng Foundation	
	(Firm	n/ Company)	
	377 Co	unty Road 309	
1		Address)	
	Satsur	ma, FL 32181	
 ,	 	ate and Zip Code)	
	datanetpa	yone@gmail.com	
		ed for future annual report notific	eation)
For further information	on concerning this matter, pleas	se call:	
Valerie Hughs		at (386) 244-80°	17
(Name	of Contact Person)		me Telephone Number)
Enclosed is a check for	or the following amount made p	payable to the Florida Departmer	nt of State:
□\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☑ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ng Address	Street Address	
	ion of Cornerations	Amendment Section Division of Corporati	one
Division of Corporations P.O. Box 6327		Clifton Building	Utio
Tallahassee, FL 32314		2661 Executive Center	er Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



ILearing Foundation JUC. (Name of Corporation as currently filed with the Florida Dept. of State)

N96000004318

(Document Number of Corporation (if known)

A. If amending name, enter the new name of the corporation:				
contain the word "corporation" or "it or "Co." may not be used in the name.	ncorporated" or the			
pplicable: ET ADDRESS)				
CICE BOX)				
registered office address in Florida, e	enter the name of th			
<u>sistered office address:</u>				
(Florida street address)	_			
	or "Co." may not be used in the name. pplicable: ET ADDRESS) e: CICE BOX)			

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
Preside	Dr. William J. Lockhart	281 Georgetown Shortcut Rd Crescent City, FL 32112 (386) 467-7074	☐ Add ☑ Remove
Presid	Jerry Hooten	PO Box 458 Welaka, FL 32193-0458 (386) 467-2008	☑ Add ☐ Remove
Treası	Priscilla Hurtado	521 Jack Ln Satsuma, Fi 32189 (386) 467-7074	
(attach addii	g or adding additional Articles, enter c tional sheets, if necessary). (Be specific rer, Frances B. Lindberg 106 Huds	c)	(386) 649-8601
710000	Tor, I talloos D. Elliaborg 100 Trad	3011 D1. Gutsuma, 1 E 32 100 (000) 040 000 1
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The date of each amendmen	t(s) adoption: 3/1/11
Effective date <u>if applicable</u> :	(date of adoption is required) 3/1/11
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_3/1/	11
Signature	Valeri Hughs
hav	the chairman or vice chairman of the board, president or other officer-if directors re not been selected, by an incorporator – if in the hands of a receiver, trustee, of er court appointed fiduciary by that fiduciary)
	Valerie Hughs
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)