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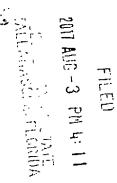
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C. GOLDEN AUG - 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: MONARCH CON	SULTANTS, INC.			
DOCUMENT NUMI	BER: P02000059531				
	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	MELISSA BARLAGE				
	<u> </u>	Name of Contact Person	n		
	MONARCH CONSULTANTS, INC.				
		Firm/ Company			
	1700 E SUNRISE BLVD, #1	• •			
		Address			
	FORT LAUDERDALE, FL.				
		City/ State and Zip Cod	e		
			-		
MEL	ISSA@MONARCHCONSUI				
 _	E-mail address: (to be us	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
MELISSA JO BARL	AGE	561	305-6000		
Name	of Contact Person		de & Daytime Telephone Number		
er i kon 1 to mole oli e	. Also Redding the second models	annahla ta tha Elavida Dana	autonant of Status		
inclosed is a check to	or the following amount made	payable to the Plotida Depa	artinent of State.		
S35 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)		
Ma	iling Address	Street	Address		
Am	endment Section	Amendment Section			
	ision of Corporations	Division of Corporations			
	. Box 6327		Building		
Tallahassee, FL 32314		2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

MONARCH CONSULTANTS, INC.

2017 AUG -3 PM 4: 11

(Name of Corporation	as currently filed with the Florida Dept. of State) 11 (17] Talk
P02000059531	TALLA LASSEE, FLORIDA
(Docume)	t Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Sits Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the corp	oration:
ELEARNING FUN INC.	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp.," word "chartered," "professional association," or the al	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)
<u> </u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
D. If amending the registered agent and/or registere	office address in Florida, enter the name of the
new registered agent and/or the new registered o	fice address:
Name of New Registered Agent	
	(Florida street address)
New Basistan of Office Oddwers	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist hereby accept the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
e:	ure 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add			
Remove			
2) Change			
Add		-	
Remove			
3) Change			
Add			
Remove			
Kemove			
4) Change			
Add			
Remove			
5) Change	_		
Add			**************************************
Remove			
6) Change			
6) Change			
Add			
Remove			

). (Be specific)			
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• • • • • • • • • • • • • • • • • • • •	change, reclassifica	<u>ition, or cancellation</u>	dment itself	
an amendment provides for an expensions for implementing the an	AANAMANI II HALLAA		(4311) II TI.7CII.	
provisions for implementing the an	nendment it not col	ntained in the amer		
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provisions for implementing the an	nendment if not col	Trained in the ame.		

The date of each amendment(s) addate this document was signed.	option:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date,	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirement artment of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	sted by the shareholders. The number of votes cast for the amelicient for approval.	endment(s)
	oved by the shareholders through voting groups. The followin each voting group entitled to vote separately on the amendmen	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and s	hareholder
☐ The amendment(s) was/were adopaction was not required.	sted by the incorporators without shareholder action and sharel	nolder
7/31/2017 Dated		
Signature	Pelissa de Barlage	
· · · · · · · · · · · · · · · · · · ·	ector, president or other officer – if directors or officers have	
	by an incorporator – if in the hands of a receiver, trustee, or of diductary by that fiductary)	other court
I	MELISSA JO BARLAGE	
-	(Typed or printed name of person signing)	
1	DIRECTOR	
_	(Title of person signing)	