2006 FEB 17 P 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

2006 FEB 17 P 12: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SUBJECT: Success Education LLC (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed application, certificate and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Scott B. Toban (Name of Person) **Bookmark Education LLC** (Firm/Company) 4433 West Touhy Avenue, Suite 522 Lincolnwood, IL 60712 (City/State and Zip Code) For further information concerning this matter, please call: at ( 800 ) 716-4113 Scott B. Toban (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$30 Filing Fee & ☐\$55 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy

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

SECRETARY OF STATE TALLAHASSEE, 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: Success Education LLC
2.	Jurisdiction of its organization: Illinois
3.	Date authorized to do business in Florida: 9/29/2004
	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? January 6, 2006
5.	New name of the limited liability company: Bookmark Education 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
	Scott B. Toban, Manager
	Typed or printed name of signee

Filing Fee: \$25.00



#### OFFICE OF THE SECRETARY OF STATE

**JESSE WHITE** • Secretary of State

0129304-4

02/15/2006

SCOTT B. TOBAN 4433 WEST TOUHY AVENUE #514 LINCOLNWOOD, IL 60712-

RE BOOKMARK EDUCATION LLC

DEAR SIR OR MADAM:

ENCLOSED PLEASE FIND A CERTIFIED COPY OF DOCUMENTS FOR THE ABOVE NAMED LIMITED LIABILITY COMPANY.

THE REQUIRED FEE IS HEREBY ACKNOWLEDGED.

SINCERELY YOURS,

JESSE WHITE SECRETARY OF STATE

DEPARTMENT OF BUSINESS SERVICES LIMITED LIABILITY COMPANY DIVISION TELEPHONE (217)524-8008

esse White

JW:LLC

,		LC0447037	_	
	December 2003 sse White	Limited Liabil	Inois ity Company Act Organization	This space for use by Secretary of State
De Lin Ro Sp	ecretary of State epartment of Business Services mited Liability Company Divisio oom 351, Howlett Building wingfield, IL 62756	n SUBWITE	N BUPLICATE e typewritten e by Secretary of State	FILEC
Pay che atto	p://www.cyberdriveillinois.com yment must be made by certifi- eck, cashier's check, illino orney's check, illinois C.P.A.'s che money order, payable to "Secreta State."	Date 9-15-04 of Assigned File #	129-3044	SEP 1 5 Z004 JESSE WHITE SECRETARY OF STA
1.	Limited Liability Compa	ny Name: Success Educ	cation LLC	PAL COOK
i.	Cirriled Liability Collips	my Maine.		SEP 1-3 2004
	(The LLC name must contain th inc., Itd., co., limited partnership	e words limited liability company, L.	L.C. or LLC and cannot contain the	e terms corporation, corp., incorpo
2.		ipal place of business: (Po	ost office box alone and o	c/o are unacceptable.)
3.	_	ation are effective on: (Chee, or b) another date to the filing	ate later than but not mor	
<ol> <li>4.</li> </ol>	a) <u>×</u> the filing date	e, or b) another da	ate later than but not mon g date:(month, day, )	
	a) <u>×</u> the filing date	e, or b) another da to the filing name and registered office Scott	ate later than but not mon g date: (month, day, ) e address is: B.	rear) Toban
	a) the filing date.  The registered agent's	e, or b) another date to the filing name and registered office Scott	ate later than but not mor g date:(month, day, y e address is:	Toban  Last Name e 522
	a) the filing date.  The registered agent's Registered agent:	e, or b) another da to the filing name and registered office Scott First Name	ate later than but not mon g date:(month, day, ) e address is: B. Middle Initial	Toban  Last Name
	a) the filing date.  The registered agent's Registered agent:  Registered Office: (P.O. Box and c/o are unacceptable)  Purpose or purposes for the transaction of any this Act."	e, or b) another date to the filing name and registered office Scott    Scott   First Name   4433   Number   Lincolnwood   City     Or which the LLC is organis point, add one or more sheets or or all lawful business for which the statement of the statemen	ete later than but not mong date:  (month, day, ye address is:  B.  Middle Initial  West Touhy Avenue  Street 60712  ZIP Code  nized: Include the busine of this size.)  which limited liability com	Toban  Last Name e 522  Suite # Cook County  ess code # (IRS Form 1) panies may be organized
4.	The registered agent's Registered agent: Registered Agent: Registered Office: (P.O. Box and c/o are unacceptable) Purpose or purposes for (if not sufficient space to cover to "The transaction of any this Act." Including, but not lime	e, or b) another date to the filing name and registered office Scott	ate later than but not more g date:  (month, day, y e address is:  B.  Middle Initial West Touhy Avenu Street 60712 Zip Code  nized: Include the busine f this size.) which limited liability com	Toban  Last Name 522 Suite # Cook County ess code # (IRS Form 10) panies may be organized
4.	The registered agent's Registered agent: Registered Office: (P.O. Box and c/o are unacceptable)  Purpose or purposes for the sufficient space to cover to "The transaction of any this Act."  Including, but not lime organized under this	e, or b) another date to the filing name and registered office Scott	ate later than but not mong date:  (month, day, ye address is:  B.  Middle Initial West Touhy Avenus Street 60712 ZIP Code  nized: Include the busines this size.) which limited liability comes for which limited	Toban  Last Name 522 Suite # Cook County ess code # (IRS Form 1) panies may be organized

ZIP Code

				01010097
LĹC	-5.5	'		
7.	Other provisions for the regulation of the intern	al affairs of th	ne LLC per Section 5-5	(a) (8) included as attachmen
	If yes, state the provisions(s) from the ILLCA.	☐ Yes	<b>⊠</b> No	
8.	a) Management is by manager(s):  If yes, list names and business addresses.	X Yes	☐ No	
	Scott B. Toban 4433 West Touhy Avenue, Suite 522 Lincolnwood, IL 60712		,	
	b) Management is vested in the member(s): if yes, list names and addresses.	☐ Yes	<b>⋉</b> No	
	I affirm, under penalties of perjury, having author of my knowledge and belief, true, correct and contact and cont		_	<b></b>
	(1101121203)	(1001)		
	Signature(s) and Name(s) of Organizer(s)			dress(es)
1.	Signature	1.	Number Number	/ Avenue, Suite 522
	Scott B. Toban, Manager ORG.		Lincolnwood	N/L >=
	(1ype or print name and title)		Illinois	City/Town 60712
	(Name if a corporation or other entity)		State	ZIP Code
2.	Signature	2.	Number	
				Street
	(Type or print name and title)			Street City/Town
	(Type or print name and title) (Name if a corporation or other entity)		State	
3.	•	3.		City/Town
3.	(Name if a corporation or other entity)	3.	State	City/Town ZIP Code

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

State

(Name if a corporation or other entity)



### Form LLC-5.25

July 2005

Secretary of State Jesse White Department of Business Services Limited Liability Division Room 351 Howlett Bullding 501 S. Second St. Springfield, IL 62756 www.cyberdriveillinois.com

Payment must be made by business firm check payable to Secretary of State. (If check is returned for any reason this filing will be void.)

Illinois
Limited Liability Company Act

Articles of Amendment

SUBMIT IN DUPLICATE

Must be typewritten.

This space for use by Secretary of State.

Filing Fee: \$150

Approved:

FILE # 0129-304-4

This space for use by Secretary of State.

FILED

JAN 0 6 2006

JESSE WHITE SECRETARY OF STATE

1.	Limited Liability Company Name:	Success Education LLC	F
			PAID
			JAN - 9 2006
2.	Articles of Amendment effective on:  If the file date  a later date (not to exceed 30 days after the file date)		
	El d'alloi dals (l'orts oxosogos days alloi allo illo dato)	Month, Day, Year	

- 3. Articles of Organization are amended as follows (check applicable item(s) below):
  - a) Admission of a new member (give name and address below)\*
  - b) Admission of a new manager (give name and address below)\*
  - ☐ c) Withdrawal of a member (give name below)\*
  - d) Withdrawal of a manager (give name below)\*
  - Change in address of the office at which the records required by Section 1-40 of the Act are kept (give new address, including county below)
  - Of the control of

  - h) Change in date of dissolution or other events of dissolution enumerated in Item 6 of the Articles of Organization
  - i) Other (give information in space below)

Additional information:

The name of the limited liability company is hereby changed from "Success Education LLC" to "Bookmark Education LLC"

(continued on back)

<sup>\*</sup> Changes in members/managers may, but are not required to, be reported in an amendment to the Articles of Organization.

#### LLC-5.25

- 4. This amendment was approved in accordance with Section 5-25 of the Illinois Limited Liability Company Act, and, if adopted by the managers, was approved by not less than the minimum number of managers necessary to approve the amendment, member action not being required; or, if adopted by the members, was approved by not less than the minimum number of members necessary to approve the amendment.
- 5. I affirm, under penalties of perjury, having authority to sign hereto, that these Articles of Amendment are to the best of my knowledge and belief, true, correct and complete.

Dated	January 3,	2006
	Soft B. Wan	Year
	Signature (Must comply with Section 5-45 of ILLCA.)	
	Scott B. Toban, Manager	
<del></del> ,	Name and Title (type or print)	
<u></u>	If the member or manager signing this document is a company or of state name of company and indicate whether it is a member or member of the Limited Lighting Company.	

## LC0695894 Form LLC-1.20 July 2005 Secretary of State Jesse White

Department of Business Services Limited Liability Division Room 351 Howlett Building 501 S. Second St. Springfield, IL 62756 www.cyberdriveillinois.com

Payment must be made by business firm check payable to Secretary of State. (If check is returned for any reason this filing will be vold.)

Illinois **Limited Liability Company Act** 

Application to Adopt, Change, Cancel or Renew an Assumed Name

Filing Fee - see note on reverse side

#### SUBMIT IN DUPLICATE

Must be typewritten

This space for use by Secretary of State.

Filing Fee: \$ / 2 0,00

Approved:

FILE# 0/29 3044 This space for use by Secretary of State.

FILED

JAN 1 2 2006

JESSE WHITE SECRETARY OF STATE

1.	Limited Liabili	ty Company Name: <u>Bookmark Education LLC</u>	JAN 1 2 2005
2.	State or Count	try under the laws of which the company is organized: (check one)	
	🎜 Illinois (dom	estic) ☐ Foreign (specify):	
3.		d (if an Illinois Limited Liability Company) or date authorized to trar Liability Company): 9/15/04	
4.	TO ADOPT:	(a) The Limited Liability Company intends to adopt and transact be name of: Bookmark Education	ousiness under the assumed
		(b) The right to use the assumed name shall be effective from the by the Secretary of State until September 1 , 20 10 , t anniversary month in the next year, which is evenly divisible to	the first day of the company's
5.	TO CHANGE:	(a) The above-named Limited Liability Company intends to cease the assumed name of:	
		(b) and to commence transacting business under the new assum	ed name of:
6.		The above-named Limited Liability Company intends to cease transcrimed name of:	<u> </u>
7.	TO REŅËW: "	(a) The above-named Limited Liability Company intends to ren	new the assumed name of:
		(b) The right to use the assumed name shall be effective from the by the Secretary of State until	he first day of the company's

Date/Time:	Wednesday, Febru	ary 15, 2006 / 1:14:12 PM PDT	
Merchant ID:	110817		
Transaction Type:	SALE	Total Amount:	77.00
Response Type:	Α	Response Code:	A01
Response Description:	APPROVED	Authorization Code:	09791B
ATM Verify Result:		Details:	3-7-4-
Trace Number:	0280CFCA-3D27-4	EBA-9B22-856B92FEEF5C	

Payment Info:	
First Name:	SCOTT
Last Name:	
Payment Method:	Credit Card: VISA
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Street Name 2		
City		
State	Postal Code	
Phone Number	Fax Number	
Customer Service		

Account Holder/Authorization Signature \_\_\_\_\_