

L15000127062  
2015/08/20 13:04:34 1  
Division of Corporations Page 1 of 2

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000201558 3)))



H150002015583ABC.

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : AKERMAN LLP - BOCA  
Account Number : T20100000049  
Phone : (561) 368-2151  
Fax Number : (561) 368-4668

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: Kera.dractha@akerman.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EVERYDAY LEARNING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

RECEIVED  
15 AUG 20 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2015 AUG 20 A 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 21 2015

3 MASON

Electronic Filing Menu

Corporate Filing Menu

Help

2015/08/20 13:04:34 2 /4

H150002015583

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Everyday Learning, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on July 24, 2015 and assigned  
Florida document number L15000127062.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H1500020

FILED  
2015 AUG 20 A 3:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3 / 4

H15000 20 1558 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

[illegible]

**FILED**

Add Remove Change

2015 AUG 20 A 8:46  
07-583

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Page 2 of 3

HIS 000000 15583

H150002015583

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Article III

The purpose of the LLC shall be to own and operate a Kumon Math and Reading Center franchise  
and for all other uses incidental thereto.

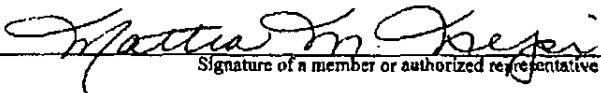
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 19, 2015

  
Signature of a member or authorized representative of a member

MATTIA M. NEPI

Typed or printed name of signer

2015 AUG 20 A 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H150002015583