

U600011918

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT -6 AM 7:47

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ACCELL EDUCATION GROUP,LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Smilanich

Name of Person

ACCELL EDUCATION GROUP,LLC

Firm/Company

12240SW 53rd Street Ste 512

Address

Cooper City, FL 33330

City/State and Zip Code

mficara@accelleducation.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vanessa Florido

305

299-6376

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Michael Ficara	12240 SW 53RD STREET	<input type="checkbox"/> Add
		SUITE 512	<input checked="" type="checkbox"/> Remove
		Cooper City, FL 33330	<input type="checkbox"/> Change
AP	Manny Riera	12240 SW 53RD STREET	<input type="checkbox"/> Add
		SUITE 512	<input checked="" type="checkbox"/> Remove
		Cooper City, FL 33330	<input type="checkbox"/> Change
MGR	Classroom2day, LLC	12240 SW 53RD STREET	<input checked="" type="checkbox"/> Add
		SUITE 512	<input type="checkbox"/> Remove
		Cooper City, FL 33330	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Please leave John Smilanich on and add Classroom2day llc as a member

10 OCT -6 AM 7:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 September 27th, 2016


Signature of a member or authorized representative of a member

Michael Ficara

Typed or printed name of signee