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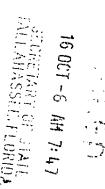
(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Divi	ision of Cor	porations		•
		EDUCATION GROUP,LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		John Smilanich		
			Name of Person	
		ACCELL EDUCATION 6	GROUP,LLC	
Firm/Company				
		12240SW53rdStreetSte		
Address				
		CooperCity, FL 33330		
			City/State and Zip Code	
		mficara@accelleducation E-mail address: (n.com to be used for future annual report notif	fication)
For further in	nformation c	oncerning this matter, please ca		
VanessaFlo	orido		305 299-6376	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for ti	he following amount:		
\$25.00 F	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)
	Registr	ING ADDRESS:	STREET/COURI Registration Section	

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCELL EDUCATION GROUP, LLC

(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Solve the Compan	June9th, 2016 and assign	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
he 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:	- mag	
Principal office address MUST BE A STREET ADDRESS)	2.2	
	- 1653 	. ,
Inter new mailing address, if applicable:		: 7
Mailing address MAY BE A POST OFFICE BOX)	7: 47 STATE OBJEC	<u></u>
		
3. If amending the registered agent and/or registered office address of egistered agent and/or the new registered office address here:	on our records, enter the name of	the no
egistered agent and/or the new registered office address nere:		
Name of New Registered Agent:		
New Registered Office Address:		
Enter Fl	orida street address	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Type of Action
AP	MichaelFicara	12240 SW 53RD STREET	
		SUITE 512	□ Remove
		Cooper City, FL 33330	☐ Change
AP	Manny Riera	12240 SW 53RD STREET	□ Add
		SUITE 512	Remove
		Cooper City, FL 33330	Change
MGR	Classroom2day, LLC	12240 SW 53RD STREET	 Add
		SUITE 512	Remove
		Cooper City, FL 33330	☐ Change
	APIGE AND		Add
			□ Remove
	•		Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Change

Please leave John Smilanich	on and add Class	room2day llc as a	member	
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				, jan
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ective date, if other than the date o	of filing:	1'4	(optional)	
effective date is listed, the date must be spe te: If the date inserted in this block door	es not meet the applicab	le statutory filing requ	irements, this date	.) Pursuant to 605.0 will not be listed
cument's effective date on the Departme	ent of State's records.	**	' ,	
record specifies a delayed effec	ctive date, but not	an effective time	at 12:01 a m	on the earlies
he 90th day after the record is	filed.	an enecuve ame,	at 12.01 a.iii.	on the earner
Santambar 07th	2010			
September 27th ed	2016			
	111-20	• ///	•	
Signale	ire of a member of authori	ed representative of a m	ember	

Page 3 of 3

Filing Fee: \$25.00