

L16000111918

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 5 2017

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

235 Apollo Beach Blvd.

Address

Apollo Beach, FL 33572

City/State and Zip Code

JSmilanich@accelleducation.com

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

For further information concerning this matter, please call:

John Smilanich

414

690-2333

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

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JUN -2 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ACCELL EDUCATION GROUP, 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 June 9th, 2016 and assigned
Florida document number L16000111918.

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)

235 Apollo Beach Blvd.

Apollo Beach, FL 33572

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

235 Apollo Beach Blvd.

Apollo Beach, FL 33572

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:

David Leastman

New Registered Office Address:

235 Apollo Beach Blvd.

Enter Florida street address

Apollo Beach

Florida 33572

City

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

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>
MGR	Classroom2day, LC	12240 SW 53RD STREET	<input type="checkbox"/> Add
		SUITE 512	<input checked="" type="checkbox"/> Remove
		Cooper City, FL 33330	<input type="checkbox"/> Change
AMBR	David Leastman	235 Apollo Beach Blvd.	<input checked="" type="checkbox"/> Add
		Apollo Beach, FL 33572	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JohnSmilanich	235 Apollo Beach Blvd.	<input type="checkbox"/> Add
		Apollo Beach, FL 33572	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Dated May 28, 2017

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TALLAHASSEE, FLORIDA