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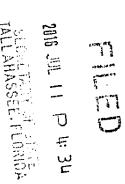
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:		stration Sect sion of Corpo						
C1113 1127		Bright Kids o	f Brevard LLC					
SUBJEC	C1; _		Name of Lim	ited Liability Comp	any	******		
The encl	losed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please re	eturn :	all correspond	fence concerning this matter	to the following:				
			Justin Luke					
				Name of Per	son			
			Bright Kids of Brevard LL	С				
				Firm/Compa	any			
			1241 Olde Bailey Lane					
				Address				
			West Melbourne, FL 32904	4				
				City/State and Zi	p Code			
			justinluke@ikumon.com					
			E-mail address: (t	to be used for future	annual report notif	fication)		
For furth	ner int	ormation con	cerning this matter, please ca	all;			<u>~</u>	7
Justin L	uke			321 at (543-7246	A STATE OF THE STA	Tames Transmission of the second seco	-
		Name of P	erson	Area Co	ode Daytime	e Telephone Number		٦ ر
Enclosed	t is a	check for the	following amount:			Carrier Services	4 ω	
□ \$25.	00 Fil	ing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filir Certified C (additional ec		□ \$60.00 Fiffing Certificate o Certified Cop (additional copy	Fee, Status &	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Kids of Brevard 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 10, 2016 and assigned Florida document number L16000113249 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 E

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Franchise and for	all other uses incidental thereto.
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n effective date is listed,	the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Parsuant to 605.
	ed in this block does not meet the applicable statutory filing requirements, this date will not be liste to on the Department of State's records.
cument's effective da	
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record specifies a The 90th day afte	a delayed effective date, but not an effective time, at 12:01 a.m. ob the earlie or the record is filed.
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June 23	2016
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Typed or printed name of signee

Filing Fee: \$25.00