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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EDU CLICK THRU LLC

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Hope

D. SCOTT DEC 1 5 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDU CLICK THRU LLC	•	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/11/2017	and assigned
Florida document number L17000253053		
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 ADDRES.	<u>S1</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<u>193</u>
		= -11
B. If amending the registered agent and/or registered	ed office address on our records, <u>e</u>	nter the name of the new
registered agent and/or the new registered office address	s acre.	(S) = M
Name of New Registered Agent:		20
New Registered Office Address:		
	Enter Florida street address	8-
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	ια	rap com

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

Title	Name	Address	Type of Action
AMBR	GUNTHER, KENNETH	3030 N. ROCKY POINT DR. STE 150A	
		TAMPA, FL 33607	☑ Remove
			☐ Change
AMBR	IGLAR, JOHN	3030 N. ROCKY POINT DR. STE 150A	`□ ∧dd
		TAMPA, FL 33607	☑ Remove
			O Change
AMBR	SIRAK, DAN	3030 N. ROCKY POINT DR. STE 150A	4_□ Add
		TAMPA, FL 33607	Ø Remove
			Di Change
			Change
			🖸 Add
			_ 🗆 Remove
			Change

. If amending any other information, enter change(s) here: (Attach additional she	eets, if necessary.)
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	5 B
	10 OF 1
E. Effective date, if other than the date of filing:	
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requi	i 90 days after filing) Pursuant to 605,0207 (3)6 rements, this date will mos be listed as the
document's effective date on the Department of State's records.	11.0%
If the record specifies a delayed effective date, but not an effective time, (b). The 90th day after the record is filed.	
December 14 2017	
Margam Makle	
Signature of a member or authorized representative of a mo	ember
Morgan Nobie	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00