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(((H180002410573)))



H180002410573ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number

\*\*Enter the email address for this business entity to be used for future on 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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EXAMINER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edu Click Thru LLC  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company  Plorida document number L17000253053	were filed on 12/11/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		AC
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	office address on our records, enter t	he name of the ne
B. If amending the registered agent and/or registered office address her	re:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_,	, Florida	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>	Address	Type of Action
AMBR	Kenneth Gunther	3030 N. ROCKY POINT DR.	🖸 Add
		STE 150A	□ Remove
		TAMPA, FL 33607	☐ Change
AMBR	John Iglar	3030 N. ROCKY POINT DR.	🖸 Add
		STE 150A	□ Remove
		TAMPA, FL 33607	☐ Change
AMBR	Dan Sirak	3030 N. ROCKY POINT DR.	Ø Add
		STE 150A	AU Remove
		TAMPA, FL 33607	Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot te: If the date inserted in this block does not meet the ument's effective date on the Department of State's	t be prior to c e applicable	date of filing e statutory	or more than Thing requir	(optio 90 days after ements, this	filing.) Pursi	uant to 605, not be liste
record specifies a delayed effective date, l The 90th day after the record is filed.	but not a	n effectiv	ve time, a	it 12:01 a	a.m. on t	he earlie
August 17 20	018_					
Signature of a member						

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