

L150000 80330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

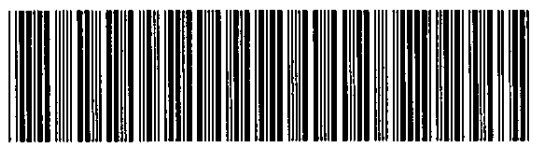
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/24/15--01011--029 **25.00

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15 AUG 24 PM 2:21

AUG 25 2015
S. YOUNG

STUDENT LOAN ASSISTANCE CENTER

1521 ALTON RD #643

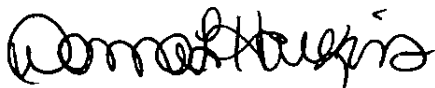
MIAMI BEACH, FL 33139

August 11, 2015

To Whom it May Concern:

Please see the enclosed documents to remove 2 individuals from the company, Student Loan Assistance Center. You may contact me @404-510-9781 if you have any questions.

Regards,



Donna Harkins

Assistant to Derek Bakarich

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15 AUG 24 PM 2 21
STUDENT LOAN ASSISTANCE CENTER
MIAMI BEACH, FL 33139

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUDENT LOAN ASSISTANCE CENTER

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:

DEREK BAKARICH

Name of Person

STUDENT LOAN ASSISTANCE CENTER

Firm/Company

1521 ALTON RD # 643

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

DWBTRADER@AOL.COM

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

For further information concerning this matter, please call:

Derek Bakarich

770 476-3991
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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15 AUG 24 PM 2:21
OFFICE OF THE CLERK OF THE STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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STUDENT LOAN ASSISTANCE CENTER

(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 MAY 5TH, 2015 and assigned
Florida document number L15000080330.

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)

FILED
MAY 15 2015
STATE OF FLORIDA
2 21

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:

DEREK BAKARICH

New Registered Office Address:

1521 ALTON RD # 643

Enter Florida street address

MIAMI BEACH

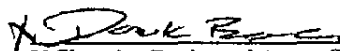
City

Florida 33139

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:

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOHN SCIASCIA	9340 LAKE SERENA DR	<input type="checkbox"/> Add
		BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MITCHELL CASPER	1521 ALTON RD #643	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOV 24
2024

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 11TH 2015


Signature of a member or authorized representative of a member

DEREK BAKARICH
Typed or printed name of signee

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AUG 26 11 21