L11000104797

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TALLAHASSEE, FLORIDA

SEP 09 2014
S. YOUNG

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PRO ATHLETE PLANNING NETWORK, 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:

BEN BARNETT
Name of Person

STUDENT LOAN DEPARTMENT, LLC
Firm/Company

405 S. DALE MABRY HWY, SUITE 402
Address

TAMPA, FL 33609
City/State and Zip Code

ben.barnett@me.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

BEN BARNETT at (813) 404.4676
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PRO ATHLETE PLANNING NETWORK, 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 September 13th, 2011 and assigned Florida document number L11000104797.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

STUDENT LOAN DEPARTMENT, LLC

The new name must be distinguishable and end with 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)

405 S. DALE MABRY HWY
SUITE 402
TAMPA, FL 33609

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

_____, **Florida** _____
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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
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		_____	☐ Remove
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		_____	☐ Remove
		_____	

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2015 AUG 25 PM 2:27

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 21st, 2014.

Signature of a member or authorized representative of a member

BEN A. BARNETT

Typed or printed name of signee

FILED
14 AUG 25 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF
PRO ATHLETE PLANNING NETWORK, LLC

Pursuant to Florida Statutes Section 608.411, the Articles of Organization of Pro Athlete Planning Network, LLC, are hereby amended as follows:

1. The name of the limited liability company PRO ATHLETE PLANNING NETWORK, LLC ("the Company").

2. The Articles of Organization of the Company were filed with the office of the Florida Department of State on September 13th, 2011 and the Document Number is L11000104797.

3. Article 1 of the Articles of Organization of the Company is hereby amended to read as follows:

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TALLAHASSEE, FLORIDA

"ARTICLE 1
Name

The Name of the limited liability company is:

STUDENT LOAN DEPARTMENT, LLC."

IN WITNESS WHEREOF, the sole member of the Company has executed these Articles of Amendment to the Articles of Organization of Pro Athlete Planning Network, LLC, this 20th day of August 2014.

BEN A. BARNETT