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COVER LETTER

	sistration Section Section of Corp.							
SUBJECT:	BRELVIS C	CONSULTING, LLC						
sobject.		Name of Lim	ited Liability Company					
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.					
Please return	all correspor	ndence concerning this matter	to the following:					
		BRUCE MESNEKOFF						
			Name of Person					
		BRELVIS CONSULTING	, LLC					
			Firm/Company					
	2660 CYPRESS RIDGE BLVD #101							
			Address					
		WESLEY CHAPEL, FL 3	3544					
			City/State and Zip Code					
	PRELVIS CONSULTING, LLC Firm/Company 2660 CYPRESS RIDGE BLVD #101 Address WESLEY CHAPEL, FL 33544 City/State and Zip Co BRUCE@THESTUDENTLOANHELPCENTER E-mail address: (to be used for future ann formation concerning this matter, please call:							
For further in	nformation co		·	cation)				
BRUCE ME	SNEKOFF		at (
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed is a	check for the	e following amount:						
■ \$25.00 F	iling 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

2016 DEC -1 PM 3: 35 **BRELVIS CONSULTING, 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 MAY 7, 2012 Florida document number L12000061002 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

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>	<u>Address</u>	Type of Action
AMBR	JILL MESNEKOFF	27203 FERN GLADE CT	
		WESLEY CHAPEL, FL 33544	■ Remove
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