#1/2000/4/14/1

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(Address)		
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K.SALY EXAMINER JUL 22 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

CENTRAL CREDIT EDUCATIONAL SERVICES LLC.

SUBJECT

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:

ERIC N GALBAN

Name of Person

CENTRAL CREDIT EDUCATIONAL SERVICES LLC.

Firm/Company

4415 FLORIDA NATIONAL DR.

Address

LAKELAND, FL 33813

City/State and Zip Code

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

For further information concerning this matter, please call:

ERIC N GALBAN

Name of Person

__863,430-8222

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

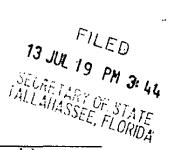
Certified Copy
(additional copy is enclosed)

□\$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



CENTRAL CREDIT EDUCATIONAL SERVICES 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 NO	/EMBER 07, 2012 and assigned
Florida document number L12000141411		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here	:
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on or idress here:	or records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Ente	r 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	vpe of Action
MGRM	NATALIE RIVERA	9132 THOMASVILLE DR	Add
		WINTER HAVEN, FL 33884	Remove
MGRM	JOLI LOZADA FUENTES	5907 LAKEWOOD LANE	
		LAKELAND, FL 33805	Remove
			- _
			Remove
			Add
			Kunove
			Add Remove
			Add
			Remove

	on, enter change(s) here: (Attach additional sheets, if necessary.)
JULY 8	2013
7	
ERIC N GALBA	ture of a member or authorized representative of a member
LINGIN GALDA	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00