112000142064

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		ļ

Office Use Only



300249106523

06/24/13--01013--020 **25.00

13 JUL -5 AM 8: 19

SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUL 8 2013

T. HAMPTON

COVER LETTER

TO:

Registration Section

Division of Corporations

SUBJECT

Student Loan Servicing Center, 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:

Tom Breazeale

Name of Person

Student Loan Servicing Center, LLC

Firm/Company

39 Maple Ave.

Address

Shalimar, FL 32579

City/State and Zip Code

bigtom1@cox.net

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

For further information concerning this matter, please call:

Tom Breazeale

850 651-4555

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 Fec, 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



RECEIVED

13 JUL -5 AM 7: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

June 25, 2013

TOM BREAZEALE 39 MAPLE AVE SHALIMAR, FL 32579

SUBJECT: STUDENT LOAN SERVICING CENTER, LLC

Ref. Number: L12000142064

We have received your document for STUDENT LOAN SERVICING CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00015946

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Student Loan Servicing Center, 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 11/08/2012 Florida document number L12000142064 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 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) 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 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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	B.T.Breazeale, II	39 Maple Ave.	Add
		Shalimar, FL 32579	Remove
MGRM	Christopher M Young	233 NW 119th Dr.	Add
		Coral Springs, FL 33071	Remove
MGRM	Monetary Management Systems, Inc.	39 Maple Ave.	∧dd
		Shalimar, FL 32579	Remove
MGRM	Clutch Marketing, Inc.	233 NW 119th Dr.	Add
		Coral Springs, FL 33071	Remove
			Add
		amenta - a su ser e	Remove SECRE
			CRETARY OF SIBIE ON OF BIRTONS

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• –	
_	
_	
_	
_	
ated	
	Signature of a preparter or authorized representative of a member
	Blanch Brown code I
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATION