

L13000024970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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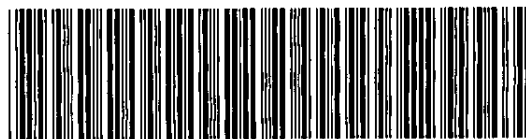
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W

JUL 15 2013

J. BRYAN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2013

TOM BREAZEALE
STUDENT LOAN CONSOLIDATION CENTER, LLC
39 MAPLE AVE.
SHALIMAR, FL 32579

SUBJECT: STUDENT LOAN CONSOLIDATION CENTER, LLC
Ref. Number: L13000024970

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TALLAHASSEE, FLORIDA

We have received your document for STUDENT LOAN CONSOLIDATION 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 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.

Joey Bryan
Regulatory Specialist II

Letter Number: 813A00015864

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Student Loan Consolidation 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 02/18/2013 and assigned
Florida document number L13000024970

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

_____, **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

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FLORIDA

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	B.T.Breazeale, II	39 Maple Ave. Shalimar, FL 32579	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Christopher M Young	233 NW 119th Dr. Coral Springs, FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Monetary Management Systems, Inc.	39 Maple Ave. Shalimar, FL 32579	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Clutch Marketing, Inc.	233 NW 119th Dr. Coral Springs, FL 33071	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA

Dated _____



Signature of a member or authorized representative of a member
B. Thomas Glesz

Typed or printed name of signee

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Filing Fee: \$25.00