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J. SAULSBERRY EXAMINER JUN 11 2013

## **COVER LETTER**

Division of Corporations
SUBJECT: College Loan Services LLC Name of Limited Liability Company
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:
LA Kendrick G Brady
Name of Person ()
Collège Loan Services LLC
J Firm/Company
7650 Courtney Campbell (SWYST 2004)
Address
Tamp4 FL 33607  City/State and Zip Code
City/State and Zip Code
K bready, Q College Lange Certific Co. 150
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
LAKENdrick Brady a1(813) 394-6776
Name of Person U Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

<u>College</u> Loan	Services	LLC				
( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it da Limited Liability	now appears on Company)	our records.)		-	
	y Company were fi	<b>\</b>	•	and	assigne	:d
Florida document number 5000 785 70	<u>.</u> .					
This amendment is submitted to amend the following	;	ere filed on 5 30 2013 and assigned  ty company here:  Liability Company," the designation "LLC" or the abbreviation  Liability Company, the designation "LLC" or the abbreviation  Enter Florida street address  Florida				
A. If amending name, enter the new name of the l	imited liability co	mpany here:				
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liab	ility Company,"	the designation	"LLC" or t	ne abbre	viation
Enter new principal offices address, if applicable:					<del>.</del>	
(Principal office address MUST BE A STREET AD	DRESS)			<u></u>	2	
			-	二语	33	
				<u> </u>	Ī	
Enter new mailing address, if applicable:				<u> </u>	0	
(Mailing address MAY BE A POST OFFICE BOX)					<b>7</b> =	T
					_ <del></del>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or reg registered agent and/or the new registered office a-	d Liability Company as it now appears on our records. A Florida Limited Liability Company)  Liability Company were filed on S 30 2013 and assigned and assigned and assigned set of the limited liability company here:  It the words "Limited Liability Company," the designation "LLC" or the abbreviation cable:  ET ADDRESS)  EBOX)  EBOX  Enter Florida street address  Florida					
registered agent and/or the new registered office a	duress here.					
Name of New Registered Agent:						
New Registered Office Address:						
		Enter F	lorida street ad	ddress		
			, Florida _			
	City			Zip C	ode	

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 **Title Name** Address Type of Action 1215 Bluffeld Ave Daniel Morgan MGR Brandon FL 33511 Remove MERM LAKENDRICK Brady 4264 Sabal Pack Dr X Add Apr 202 Tampa, FL 33610 Remove Samuel L Phillips 3r 413 Kings PATH D Seffrer FL 33584 Remove Remove

). If ar	nending any other inf	ormation, enter change	e(s) here: (Attach additional sheets, ij	(necessary.)
ated _	June 5th	, 201	3	· · · · · · · · · · · · · · · · · · ·
		Signature of a member of	or authorized representative of a member	r
	Sa·	muel Phill	or printed name of signee	

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Filing Fee: \$25.00

