

L17000126783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

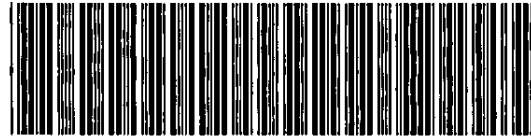
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2014

ANTHONY PASCARELLA
675 W INDIANTOWN RD #203
JUPITER, FL 33458

SUBJECT: AP STUDENT LOAN RELIEF LLC
Ref. Number: L13000126783

We have received your document for AP STUDENT LOAN RELIEF 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):

The effective date must be specific and cannot be prior to the date of filing.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 914A00002944

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AP STUDENT LOAN RELIEF 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:

ANTHONY PASCARELLA
Name of Person
AP Student Loan Relief LLC
Firm/Company
675 W Indian Town Rd
Address
Jupiter FL 33458 # 203
City/State and Zip Code
TPASCARELLA@APPROCESSINGCO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY PASCARELLA at (561) 463-6342
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 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**

AP STUDENT LOAN RELIEF 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 9-6-13 and assigned
Florida document number L13000126783

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 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

MGR = Manager
AMBR = Authorized Member

MGRM Anthony Pascanella 675 W Indian Trl Pd - Add

Jupiter FL 33458 Remove

Suite # 203

MGRN Anthony Pascarella ☐ Add
Suite # 103 ☒ Remove

☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove☐ Add☐ Remove #

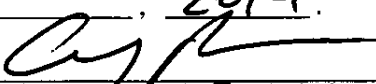
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 TALLAHASSEE FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2/2, 2014.



Signature of a member or authorized representative of a member

Anthony Pascarella

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA