

L14000044250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

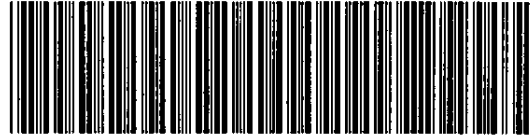
(Business Entity Name)

(Document Number)

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05/23/14--01011--001 **25.00

B. BOSTICK

MAY 30 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Student Loan Recovery 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:

Christine Geldbach
Name of Person

Firm/Company

16228 NW 206th Dr.
Address

High Springs FL 32643
City/State and Zip Code

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

For further information concerning this matter, please call:

Christine Geldbach at 727 219-0144
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**

STUDENT LOAN RECOVERY 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 3-17-2014 and assigned
Florida document number L14000044250

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

~~STARS LLC~~

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)

16228 NW 206th DR
HIGH SPRINGS, FL
32643

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16228 NW 206th DR
HIGH SPRINGS, FL
32643

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:

CHRISTINE GOLDBACH

New Registered Office Address:

16228 NW 206th DR.

Enter Florida street address

HIGH SPRINGS, Florida 32643

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.

Christine Goldbach

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERIC HOYER	15226 NW 150 th AVE	<input type="checkbox"/> Add
		#1049	<input checked="" type="checkbox"/> Remove
		ALACHUA, FL 32615	
MGR	CHRISTINE GELDBACH		<input checked="" type="checkbox"/> Add
		15226 NW 150 th AVE	<input type="checkbox"/> Remove
		#1049	
		ALACHUA, FL 32615	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 MAY 20, 2014.

Christine Goldbach
Signature of a member or authorized representative of a member

Eric Hoyer

Christine Goldbach
Typed or printed name of signee

Eric Hoyer

RECEIVED
MAY 21 2014
11:57