

L14000178354

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FEDERAL LOAN FORGIVENESS CENTER LLC**

Certificate of Status	0
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Page Count	04
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FEDERAL LOAN FORGIVENESS 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 NOVEMBER 17, 2014 and assigned
Florida document number L14000178354.

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 "LLC."

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

City, Florida

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

10/28/2032 06:21

12/17/2014 02:04 3058290282

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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>
MGRM	FAUSTO R ESTEVEZ	9998 NW 127 ST ,HIALEAH GARDENS, FL.33018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FAUSTINO R ESTEVEZ	9998 NW 127 ST ,HIALEAH GARDENS, FL.33018	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	LISLEANED ROSADO	4601 NW 178TH ST, MIAMI GARDENS FL.33055	<input type="checkbox"/> Add (Keep) <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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

10/28/2032 06:21

12/17/2014 02:04 3058290282
12/11/2014 15:28 3056911719

12/17/2014 01:48 3058290282

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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 **DECEMBER 17** 2014

X 

Signature of a member or authorized representative of a member

FAUSTO R ESTEVEZ

Typed or printed name of signer

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