*1/5000082322

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	:
PICK-UP WAIT MA	NL.
(Business Entity Name)	_
(Document Number)	
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2015 MAY 18 PH 3: 52

15 May 18 PH 3: 5:

K.SALY EXAMINER JUN - 8 2015

COVER LETTER

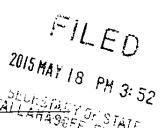
TO: Registration S Division of Co			
Student (Consulting Group, LLC		
SUBSECT.	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Scott Klein		
		Name of Person	
	Student Consulting Grou	ıp, LLC	
		Firm/Company	
	83 Hammock PL SE		
		Address	
	Atlanta, GA 30312		
		City/State and Zip Code	
	sklein@studentcg.com	16.6.	4:
		to be used for future annual report notific	cauon)
For further information	concerning this matter, please c	all:	
Scott Klein		404 381-8696 at ()	
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 Consulting Group, 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 05/07/2015 and assigned

Florida document number L15000082322

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 contain 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 addres.	s
	, Fle	orida
_	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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Derek Kramer	4714 Keene Rd	
		Plant City, FL 33565	■ Remove
			Change
			Add
			Remove
			ABBY IT
		□ Remove	
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			D Add
			□ Remove
			□ Change

The "Northrope" street n	name is misspelled as "Nirthrope" on Sunbiz.	
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	he date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 609 block does not meet the applicable statutory filing requirements, this date will not be list	
	Department of State's records.	
record specifies a delayone he 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earli ecord is filed.	er (
ed May 8	2015	
7/5	>	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00