

L15000295296

(Requestor's Name)

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(City/State/Zip/Phone #)

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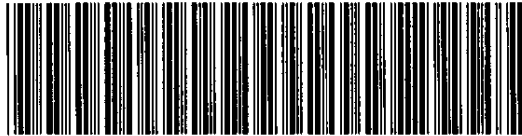
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 08 2015

S. YOUNG

Jay Torres

Name of Person

The Student Resolution Center LLC.

Firm/Company

500 Via Lugano Circle STE 5-211

Address

Boynton Beach, FL. 33436

City/State and Zip Code

Jaytorres06@gmail.com

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

For further information concerning this matter, please call:

Jay Torres

Name of Person

at (561) 541-8468

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 &
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☐ \$60.00 Filing Fee, Certificate of Status &
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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

The Student Resolution 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 06-01-2015 on
and assigned

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FLORIDA

Florida document number L15000095296

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 "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:

Lisa Ritter

New Registered Office Address:

Enter Florida street address

, Florida _____

City

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TALLAHASSEE, FL 32304
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.

Lisa Ritter

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
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Vice Pres. Lisa Ritter

2103 SW Newport Isles Blvd ☒ Add
PSL, FL 34953

☐ Remove

☐ Change

CEO Jalon Torres

2103 SW Newport Isles Blvd ☐ Add
PSL, FL 34953

☐ Remove

☒ Change *to*

No Jay

_____ ☐ Add

☐ Remove

☐ Change

_____ ☒ Add

☐ Remove

☐ Change

_____ ☐ Add

☐ Remove

☐ Change

_____ ☐ Add

☐ Remove

☐ Change

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

I would like to add Lisa Ritter as an agent and change
my name from Jay Torres to Jalon Torres, thank you!


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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 07-01-2015 , _____



Signature of a member or authorized representative of a member

Jay Torres

Typed or printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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