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S Warren SEP 13 2010

COVER LETTER

Student I	Loan Support Services LLC
SUBJECT:	Name of Limited Liability Company
he enclosed Articles	of Amendment and fee(s) are submitted for filing.
lease return all corres	spondence concerning this matter to the following:
	Gabriel Kutlin
	Name of Person
,	
	Firm/Company
	4400 North Federal Highway Suite 35
	Address
,	Boca Raton, FL 33431
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further information	concerning this matter, please call:
Gabriel Kutlin	561 271-2187
	at (

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 Support Services LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.)</u>
he Articles of Organization for this Limited Liability Company	were filed on 06-02-2016	and assigned
lorida document number L16000107133	•	
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	4400 North Federal Highway S	Suite 35
Principal office address MUST BE A STREET ADDRESS)	Boca Raton, FL 33431	
nter new mailing address, if applicable:		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address be	ffice address on our record	
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address between the second agent and/or the new registered office address between the second agent and/or the new registered office address between the second agent and/or the new registered office address between the second agent and/or the new registered office address between the second agent and/or the new registered office address between the second agent and/or the new registered agent a	ffice address on our record	s, <u>enter the name of</u> tl
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our record	s, <u>enter the name of</u> tl
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address be	ffice address on our record	s, <u>enter the name of t</u> i
Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here. Name of New Registered Agent:	ffice address on our record e: Enter Florida street addre	s, <u>enter the name of t</u> i

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 or removed f	Authorized Person(s) authorized to ma	inage, enter the title, name, and address of each	n person being added
MGR = Ms $AMBR = As$	nnager Ithorized Member	1	
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			🗀 Add
			C] Remove
			Change
			□ Add
			□ Remove
			□ Change
			Add
			☐ Remove
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		FLORIDA.	Remove

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ctive date, if other than the date of effective date is listed, the date must be spee: If the date inserted in this block do ament's effective date on the Departm	es not meet the applicat	o date of filing or more the statutory filing rec	(optional) nan 90 days after filing.) uirements, this date v	Pursuant to 605.0 vill not be listed
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Filing Fee: \$25.00