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SECRETARY OF STATE

J. HARRIS

06/08/2017 17:29

From: 7866649140 NSLSC Webfax

COVER LETTER

TO: Registration So Division of Con	
	NSLSC STUDENT AID LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Arricles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Natasha Davis
.1	Name of Person NSESC MARKETING LLC
	Firm/Company
••	3500 N STATE RD 7 Suite 439-2
	Address
	Lauderdale Lakes, FL 33319
	City/State and Zip Code carltonlewis46@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information of	oncerning this matter, please call:
David Lewis	954-942-7925
ेप्ताम र	f Person Area Code Daytime Telephone Number
Enclosed is a clinicir for t	the following amount:
□ \$25.00 Filing Fee	Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section invision of Corporations P - J. Box 6327 Fallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

06/08/2017 17:29

- From: 7866649140 NSLSC Webfax ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Page: 5/7

- (Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/26/2016	and assigned
Florida document number L1600002334000		
This amendment is submitted to amend the following:	-	•
A. If amending name; enter the new name of the limited liab	alliter company honor	•
NSLSC MARK ETING LLC	onity company nere.	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
a land to the same of the same	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
	•	22 4
Enter new mailing address, if applicable:	3500 N STATE RD 7 Suite 439-2	SEX ON I
(Mailing address MAY BE A POST OFFICE BOX)	Lauderdale Lakes	
	FL ,33319	Six R
		कृत 26
B. If amending the registered agent and/or registered o		r the name of the n
registered agent and/or the new registered office address her	<u>*e</u> :	
Name of New Registered Agent:		
•		

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 movely 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

Title AMBR	Name	Address	TD 4.11	
AMBR	in manual from the second of t		Type of Action	
	Natasha Davis	3425 nw 43Pl Lauderdale lakes fl 3	≣ Add	
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