L17000016460

(Requesto	or's Name)	
(Address)	<u> </u>	
(Address)		
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Business	s Entity Name)	
(Docume	nt Number)	
Certified Copies	Certificates of Status	;
Special Instructions to Filing	Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 16, 2017

JOHN SILVER 12276 SAN JOSE BLVD, STE 514 JACKSONVILLE, FL 32223

SUBJECT: STUDENTS CHOICE PROCESSING, L.L.C.

Ref. Number: L17000016460

We have received your document for STUDENTS CHOICE PROCESSING, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 217A00023249

COVER LETTER

Division of Corp			
subject: <u>Stuc</u> l	Name of Limi	Lessing LLC dompany	·
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	_John Silve	Name of Person	• • • • • • • • • • • • • • • • • • •
	Getty Ad	VISOYS, LLC Firm/Company	
	12276 San	TUSE Blud. Ste. 51	14
	TACKSONVILLE TASTUS OF TE-mail address: (6	FL 37223 City/State and Zip Code NUTYMAN COM to be used for future annual report notif	leation)
For further information con	ncerning this matter, please ca	all:	
John Silve Name of	Person	at (ANY) SSY-S	Telephone Number
Enclosed is a check for the	following amount: 🎁 🏋 🖰	vivusių paid	
□ \$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 ARTICLES OF ORGANIZATION **OF**

Student's Choice Pro	assina, LLC
(<u>Name of the Limited Ciability Compa</u> (A Florida Limited	ny as it now abrears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed onand assigned
Florida document number <u>L17000016460</u> .	3 3 2 5
This amendment is submitted to amend the following:	بن الله الله الله الله الله الله الله الل
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI.C" or the abbreviation "L.L.C.".
Enter new principal offices address, if applicable:	12276 San Jose Blvd Ste. 514 Jacksonville FL 32223
(Principal office address MUST BE A STREET ADDRESS)	- Overson in the 12 poess
Enter new mailing address, if applicable:	12276 San Tuse Blud Ste. 514
(Mailing address MAY BE A POST OFFICE BOX)	Tacksonville FL 32223
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> : •
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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>	Name	Address .	Type of Action
		·	□ Add
		 	☐ Remove
			□ Change
		•	Add
			Remove -
			Change 3
		•	3.2
			Remove
			☐ Change
	 	•	
			Remove
			Change
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		*	□ Remove
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ective date, if other than the confective date is listed, the date must te: If the date inserted in this bloomment's effective date on the Department.	be specific and cannot be prior took does not meet the applica	to date of filing or more than 90 cable statutory filing requirement	_(optional) lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
record specifies a delayed he 90th day after the reco		t an effective time, at 1	2:01 a.m. on the earlier of
ed December 1	<u>, 2017</u>	• _·	
	ignature of a member or autho	rized representative of a membe	r

Page 3 of 3

Filing Fee: \$25.00