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(Re	equestor's Name)	
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## **COVER LETTER**

	egistration Section Section of Corp			
cup ie <i>c</i> a		dent Processing LLC		
SUBJECT		Name of Limi	ited Liability Company	
The enclos	sed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		Stephen J Vecchio		
		<del> </del>	Name of Person	<del></del>
			Firm/Company	
		1635 Renaissance Common Apt 2418	ns Blvd	
		Boyton Beach, Fl 33426	Address	
		Stephenjvecchio1991@gma	City/State and Zip Code iil.com	<del></del>
		E-mail address: (	to be used for future annual report noti-	fication)
For further	information co	oncerning this matter, please ca	all:	
Stephen V	ecchio		561 419-5331 at ( )	
	Name of	f Person		e Telephone Number
Enclosed i	s a check for th	e following amount:		
□ \$25.00	) Filing Fec	\$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:

TO:

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

Federal Student Processing LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on June 6th ,2019	and assigned
Florida document number L1900150614		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Processing Support Services LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	167
		1
		, 3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		<del>بن</del> -
		С
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	•	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		<del></del>	
		<del></del>	
			□ Remove
			Change
			Add
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			Change
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			☐ Remove
			Change
			Remove
			□ Change

Effective date, if other than the date of filing:			
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The 90th day after the record is filed.  Dated July 23rd 2019	Note: If the date inserted in this bl	ock does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0207 r filing requirements, this date will not be listed as
Bleuhis			ive time, at 12:01 a.m. on the earlier of
Elenhis	July 23rd	2019	
Signature of a member or authorized representative of a member	# F	<del></del>	
		Signature of a member or authorized represen	ntative of a member
Stephen J Vecchio			
		Typed or printed name of sign	nec

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Filing Fee: \$25.00