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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations	•
SUBJECT: National Student Name of Limit	Loan Agency, ELC
The enclosed Articles of Amendment and fee(s) are sub-	mitted for filing.
Please return all correspondence concerning this matter	to the following:
	pher Pettas Name of Person
National Sta	udent Loan Agency, LLC Firm/Company
2199 NE	5th Ave
Boca Raton. Chrismarit E-mail address: (1	FL 33 431 City/State and Zip Code Off @ live. Com To be used for future annual report notification)
For further information concerning this matter, please ca	all:
Christopher Pettas Name of Person	at (561) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

National Student Lo (Name of the Limited Liability Compan (A Florida Limited Li	Dan Agency, y as it now appears on our rec ability Company)	LLC ords.)
The Articles of Organization for this Limited Liability Company vilorida document number L2000112820.	vere filed on <u>04/2</u>	7/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil National Student Loan Age The new name must be distinguishable and contain the words "Limited Liability".	ncy LLC	.I.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2011
		——————————————————————————————————————
		~ -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		P ::
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida street add	tress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, rovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
<u> </u>	Christopher Pettas	2199 NE 5th Ave	□Add
	·	Boca Raton, FL 33431	⊠ Remove
			□Change
MGR	Christopher Pettas	2199 NE 5th Ave	🗹 Add
		Boca Raton, FL 33431	□Remove
			□Change
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

_	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec	e date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
ne record ord is file	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 d.
Dated _	May 7 th 2020.
	Signature of a member or authorized representative of a member
	Christopher Pettas Typed or printed name of signee

Filing Fee: \$25.00