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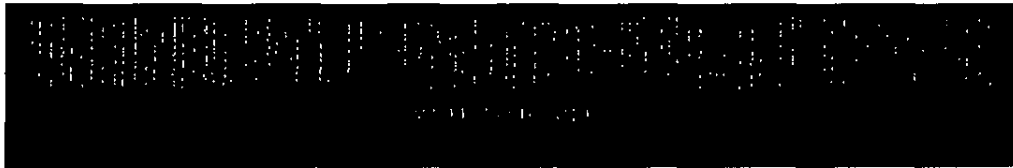
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PERLMAN, BAJANDAS, YEVOLI, & ALBRIGHT P.L.
Account Number : I20040000167
Phone : (305) 377-0809
Fax Number : (305) 377-0781

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: dov@afsacceptance.com

2014 DEC 18 PM 8:14
RECEIVED
FALL ADMINISTRATION

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAR AUTO FINANCE, LLC

RECEIVED
14 DEC 18 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Star Auto Finance, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Selena Samale

Name of Person

Perlman, Bajandas, Yevoli & Albright, P.L.

Firm/Company

200 S ANDREWS AVENUE, SUITE 600

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

dov@afsacceptance.com

E-mail address: (to be used for future annual report notification)

2014 DEC 18 AM 08 19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

Selena Samale

Name of Person

954

at () Area Code

566-7117

Daytime Telephone Number

Enclosed is a check for the following amount:

\$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
TO
ARTICLES OF ORGANIZATION
OF

Star Auto Finance, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/02/2001 and assigned
Florida document number L01000001755

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1475 W Cypress Creek Road, Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, FL 33309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Szaprio, Uri	20201 E Country Club Dr #1602	<input type="checkbox"/> Add
		Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
MGRM	Szaprio, Dov	19963 NE 19th Place	<input type="checkbox"/> Add
		N Miami Beach, FL 33179	<input checked="" type="checkbox"/> Remove
MGR	Szaprio, Uri	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Sulte 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	
MGR	Szaprio, Dov	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Sulte 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 12/18/14 10:08 AM
 COMMUNITY DEVELOPMENT
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Four horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 18, 2014

S. Samale

Signature of a member or authorized representative of a member

Selena S. Samale, Esq., Authorized Representative

Typed or printed name of signee

2014 DEC 18 PM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 Dec 18