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Division of Corporations

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L14000014754

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000052630 3)))



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To:

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

From:

Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

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TALLAHASSEE, FLORIDA

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Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
19650 BLACK LLC**

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MAR 05 2014
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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

19650 BLACK 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 1/24/2014 and assigned Florida document number L14000014754.

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

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

City

Florida

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

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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>
MGR	GUILLERMO FERRER	1499 W PALMETTO PK RD	<input type="checkbox"/> Add
		#130	<input checked="" type="checkbox"/> Remove
		BOCA RATON FL 33486	
MGR	GL MATRIX FUNDING LLC	1499 W PALMETTO PK RD	<input checked="" type="checkbox"/> Add
		#130	<input type="checkbox"/> Remove
		BOCA RATON, FL 33486	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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CLERK OF DISTRICT COURT
ALABAMA

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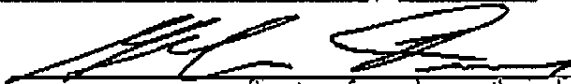
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 _____



Signature of a member or authorized representative of a member

GL MATRIX FUNDING

Typed or printed name of signee

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