

12/18/2014 11:21 FAX

12/18/2014

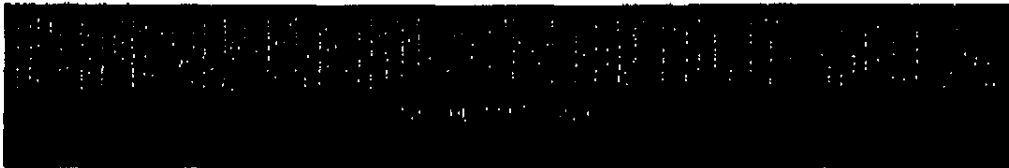
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**L0600012164**

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's entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: tyler.smith@afsacceptance.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AFS ACCEPTANCE, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

14 DEC 18 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 DEC 18 AM 10:54

FILED

DEC 19 2014

T. HAMPTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AFS Acceptance, 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

tyler.smith@afsacceptance.com

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

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**

**AFS Acceptance, LLC**

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/21/2006 and assigned  
Florida document number L06000121611.

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>
MGR	Szapiro, Dov	101 NE 3rd Avenue, 20th FL	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
MGR	Szapiro, Uri	101 NE 3rd Avenue, 20th FL	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
CFO	Hutnick, Wayne J	101 NE 3rd Ave., 20th Floor	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
P	Seagrave, Scot	101 NE 3rd Ave., 20th Floor	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
Senior Accountant	Ruiz, Richard	101 NE 3rd Ave., 20th Floor	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Remove
MGR	Szapiro, Dov	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	

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TALLAHASSEE, FLORIDA

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	Szapiro, Uri	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	
CFO	Hutnick, Wayne J	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	
P	Seagrave, Scot	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Suite 300	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33309	
Senior Accountant	Ruiz, Richard	1475 W Cypress Creek Road	<input checked="" type="checkbox"/> Add
		Suite 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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TALLAHASSEE, FLORIDA

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

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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 signer

Page 3 of 3

Filing Fee: \$25.00

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