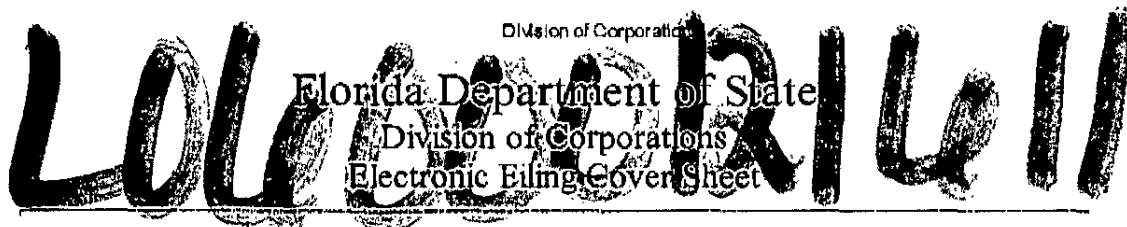


1/26/2015



Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H15000020252 3)))



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.A.
Account Number : I20040000167
Phone : (305) 377-0809
Fax Number : (305) 377-0781

RECEIVED

15 JAN 26 AM 10:00

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Email Address: Kimberly@pbyalaw.com

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

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

JAN 27 2015
J. BRUCE

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

kimberly@pbyalaw.com

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

For further information concerning this matter, please call:

Selena Samale

at (954) 566-7117

Name of Person

Area Code

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 JAN 26 AM 9:47

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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)

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:

(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:

PBYA Corporate Services, LLC

New Registered Office Address:

200 S Andrews Avenue, Suite 600

Enter Florida street address

Fort Lauderdale

Florida

33301

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>
SACC	Ricshrd Ruiz	1475 W Cypress Creek Rd - STE 300	<input type="checkbox"/> Add
		Ft. Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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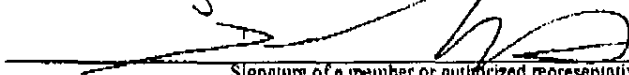
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 SECRETARY OF STATE
 TREASURER
 FLORIDA

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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 January 26, 2015.



Signature of a member or authorized representative of a member
Dov Szapiro, Manager

Typed or printed name of signer

FILED
2015 JAN 26 AM 9:47
CLERK OF STATE
TALLAHASSEE FLORIDA