## 107000094000

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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10/19/07--01036--002 \*\*30.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Warra	anty Direct, LLC		
		mited Liability Company)	
	of Amendment and fee(s) are suspondence concerning this matter	· ·	
	Lisa Amato		
		(Name of Person)	
	Vehicle Protection	Services, LLC	
		(Firm/Company)	
	1011 E. Colonial [	Or., Suite 550	
		(Address)	
	Orlando, FL 3280	)3	
	(	(City/State and Zip Code)	
For further information	a concerning this matter, please	call:	
Lisa Amato		at ( 407 ) 864-3122 (Area Code & Daytim	
(Nam	e of Person)	(Area Code & Daytim	ne Telephone Number)
Enclosed is a check for th	ne 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

	Warranty Direct, LLC		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on document number L0700094000 and assigned		
SECOND:	This amendment is submitted to amend the following:		
	Change existing company name to:		
	Vehicle Protection Services, LLC		
	New address:		
	1011 E. Colonial Dr., Suite 550 Orlando, FL 32803	<del></del>	
	,		
			DIV
		<u>—</u> 20	SECR /ISIO
		<del></del>	FIA
			4803 487 487
		07 OCT 19 PH 1:37	SECRETARY OF STATE DIVISION OF CORPORATIONS
Dated Oc	tober 17th	37	SNO
	L. D. Ayrato		
	Signature of a member or authorized representative of a member		
	Lisa Amato  Typed or printed name of signee	<del></del>	
	Then or himner many or preferen		

Filing Fee: \$25.00