Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CSH SERVICES, LLC Account Number : 120070000160

Phone : (800)494-3124
Fax Number : (561)455-9885

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

EXOTIC AUTO LEASE LLC

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8 MAR 31 PM 4: 07

SECRETARY OF STATE ALLAHASSEE, FLORIDA

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T. HAMPTON

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EXAMINER

08 MAR 31 AM 9: 50

(Zip Code)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

EXOTIC AUTO LEASE LLC	P S
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	F STATE PORATIONS H 9: 50
The Articles of Organization for this Limited Liability Company were filed on 02/05/2008	and assigned
Florida document number <u>L08000012656</u> .	
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 "L.L.C."	LC" or the abbreviation
B. If amending the registered agent and/or registered office address on our records, <u>enter t</u> registered agent and/or the new registered office address berg:	be name of the ney
Name of New Registered Agent:	
New Registered Office Address: (Enter Florida street address)	dress)
·	

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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•	_	

H. 080000 8/650 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from one added or removed from one added on the state of the state or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Ac	tion
MGRM	ROBYN L, WILSON	311 RIVER ENCLAVE CT BRADENTON FL 34212	Add Remove	
			Add Remove	
_,			Add Remove	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ARTICLE II - ADDRESS, UPDATE PHYSICAL ADDRESS TO:			08 MAR 31	SECRI DIVISION
3106 81ST CT. E, UNIT J, BRADENTON, FLORIDA 34212			_ 🚉	FAR
ARTICLE II - ADDRESS, KEEP MAILING ADDRESS AS:			_ 3	Y ORP
3	11 RIVER ENCLAVE CT, BR	RADENTON, FLORIDA 34212	9: 50	RY OF STATE CORPORATIONS
Dated Mar	ch 31	2008 .		
		2 Care		
	Signation of David C. Wilson	Typed or printed name of signee		
		7 3 hore or historical neatte of stempo		