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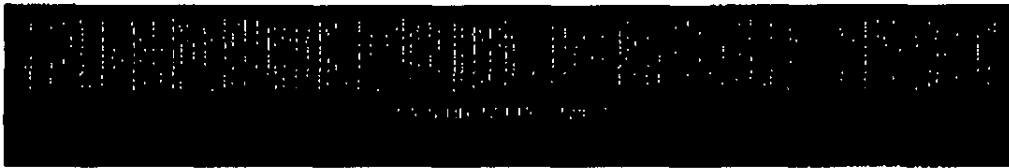
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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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 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
AUTO FUNDING SERVICES LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| 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 10:49

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Auto Funding Services 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, Yevoll & 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

954 566-7117

Name of Person

at (_____) _____
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

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

Auto Funding Services 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 10/24/2008

Florida document number L08000100391

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

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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 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, Dov | 101 N.E. 3rd Avenue, Suite 2000 | <input type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Remove |
| MGR | Szapiro, Uri | 101 N.E. 3rd Avenue, Suite 2000 | <input type="checkbox"/> Add |
| | | Fort Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Remove |
| MGR | Szaprlo, Dov | 1475 W Cypress Creek Road | <input checked="" type="checkbox"/> Add |
| | | Suite 300 | <input type="checkbox"/> Remove |
| | | Fort Lauderdale, FL 33309 | |
| MGR | Szapiro, Uri | 1475 W Cypress Creek Road | <input checked="" type="checkbox"/> Add |
| | | Suite 300 | <input type="checkbox"/> Remove |
| | | Fort Lauderdale, FL 33309 | |
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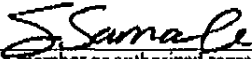
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TALLAHASSEE, FLORIDA

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 December 18, 2014



Signature of a member or authorized representative of a member

Selena S. Samale, Esq., Authorized Representative

Typed or printed name of signer

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Filing Fee: \$25.00

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