109000022976

		,		
(Red	questor's Name)			
f				
(Add	Iress)			
	lress)			
JDA)	11622)			
(City	/State/Zip/Phon	e #)		
_				
PICK-UP	MAIT	MAIL		
/Pus	iness Entity Nar			
(Dus	iness Entity Nai	ne)		
	1			
(Document Number)				
Certified Copies	Certificates	s of Status		
				
Special Instructions to F	iling Officer:			
		İ		

Office Use Only



200151723212

04/23/09--01020--014 **25.00

FILED 2009 APR 23 PM 10: 1 SECRETARY OF STATE

T. CLINE

APR 2 4 2009

EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT: AMERICAN ACCEPTANCE GROUP 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: Miryam Munoz (Name of Person) American Acceptance Group LLC (Firm/Company) 1531 Harrington Park Drive (Address) Jacksonville, FI 32225 (City/State and Zip Code) For further information concerning this matter, please call: Sam Kazran at (904) 874-0304 (Area Code & Daytime Telephone Number) (Name of Person)

■\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

☑ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN ACCEPTANCE GROUP LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on March 9, 2009	and assigned	
Florida document number <u>1.09000022976</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation	ation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	48-W-00-148-		
(Principal office address MUST BE A STREET ADDRESS)		74 2 2 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
Enter new mailing address, if applicable:	1531 Harrington Park Drive	FILI MPR 23 LAHASSI	
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FI 32225	T9 7	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, s	enter the name of the nev	
registered agent and/of the new registered office address her	<u>c</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
	(City), Flori	ida(Zip Code)	
	(City)	(Lip 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 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.

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

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 our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
mgrm	Miryam Munoz	1531 Harrington Park Drive Jacksonville, FI 32225	Add Remove
<u>mgrm</u>	Sam Kazran	1531 Harrington Park Drive Jacksonville, Fl 32225	Add Remove
			Add Remove
			Add Remove ARE ADD Add ARE GRemove ARE GRemove
D. If amer	nding any other information, ente	er change(s) here: (Attach additional sheets, if nec	essary.)
_			
Dated April		2009	
	Sam Kazran	n member or authorized representative of a member Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00