

L0900007009

Florida Department of State
Division of Corporations
Public Access System

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.

(((H09000220388 3)))



H090002203883ABC%

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 : FOWLER, WHITE 2
Account Number : T19990000148
Phone : (813) 769-7692
Fax Number : (813) 228-9401

909-0065**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****BAYSHORE CAPITAL FINANCE LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED**09 OCT 14 PM 2:20****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****09 OCT 14 AM 7:58****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

Electronic Filing Menu

Corporate Filing Menu

Help

T. HAMPTON**OCT 15 2009**

Fax Audit No. H09000220388 3

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

Bayshore Capital Finance 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 07/21/2009 and assigned
Florida document number L09000070109.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Bayshore Consumer Finance LLC

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 14 AM 7:58

Fax Audit No. H09000220388 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 our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sembler, Steven	1511 N Westshore Blvd Suite 300 Tampa, FL 33607	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Add the following titles to the existing managers:

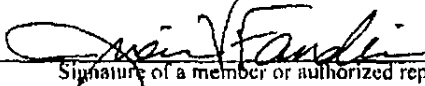
President, Secretary, Mgr Johnson, Darian W

CFO, Mgr Mocsari, Richard A

Add the following officers:

VP, Operations Steinorth, Chad and VP, Sales McCann, Brian

Dated October 14, 2009



Signature of a member or authorized representative of a member

Julie V. Fanelli, as trustee of the Slingerlands Irrevocable Trust, dtd 10/7/09

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Fax Audit No. H09000220388 3

FILED
09 OCT 14 AM 7:58
SECRETARY OF STATE
DIVISION OF CORPORATIONS