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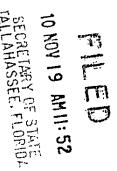
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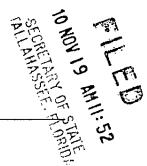
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EXAMINER

COVER LETTER

TO:	Registration S Division of Co		•	
SUBJE	CT:	Auto Lea	se Group, L.L.C.	
		Name of Lim	ited Liability Company	
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	ondence concerning this matte	r to the following:	
			Francesco La Lumia	
			Name of Person	
		Au	ito Lease Group, L.L.C.	
			Firm/Company	一路
		1500) West Copans Road #A9	蜀兰芹
			Address	- SESS 9 . L
		Por	npano Beach, FL 33064	10 NOV 19 AM II: 52 TALLAHASSEE, FLORID
			City/State and Zip Code	52
		info	@autoleasegroup.com to be used for future annual report notification)	
For furt	her information of	concerning this matter, please of	•	
	Franc	cesco La Lumia	at (305) 450-6434	
	Name o	of Person	Area Code & Daytime Telephone Nu	mber
Enclose	d is a check for t	he following amount:		
√] \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	0 Filing Fee, ificate of Status & ified Copy itional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	S:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

Auto Lease Group, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 12/30/2009 The Articles of Organization for this Limited Liability Company were filed on _____ L0900012389 Florida document number 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: 1500 West Copans Road #A9 (Principal office address MUST BE A STREET ADDRESS) Pompano Beach, FL 33064 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

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

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

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Media Lease, SA	Viale Stefano Franscini 1 CP 5948 6901 Lugano Switzerland	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amending	g anyØther information, enter change(s	s) here: (Attach additional sheets, if necessary)	10 NOV 19 AMIL: 52
		77.5°	52
Dated	November 10 , 2010	ti,	
		authorized representative of a member	
		cesco La Lumia printed name of signee	age : 10 1 2 -

Page 2 of 2

Filing Fee: \$25.00