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(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SEGRETARY OF STATE

C. LEWIS

JUN 1 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT: Ally One LLC				
SUBJECT:		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Stanton Heintz		
		Name of Person		
Ally One LLC				
Firm/Company				
		6727 63rd Terrace E		
	and the second s	Address		
		Bradenton, FL 34203		
	,	City/State and Zip Code		
	E-mail address: (stan@ally-one.com to be used for future annual report notific	ation)	
For further information	concerning this matter, please	call:		
S	tanton Heintz		70-2520	
Name	of Person	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:		STREET/COURIE Registration Section		
Registration Section		Division of Corporations		

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2010 HAY 28 PM 10 57

	Ally One LLC	SECRETARY OF STATE	
(Name of the Limited Li (A F)	ability Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number L1000003674	ility Company were filed on	April 5, 2010 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company here	•	
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compar	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO			
B. If amending the registered agent and/or registered agent and/or the new registered offic		ur records, enter the name of the new	
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

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 **Brian Hoppel** 8015 Makaha Circle Houston, TX 77095 ✓ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 26 Dated_ Signature of a member or authorized representative of a member STANTON C HEINTZ

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00