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| (Re | questor's Name) | | |
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| (Cit | y/State/Zip/Phone # |) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Name) | | |
| (Do | cument Number) | <u> </u> | |
| Certified Copies | _ Certificates of | Status | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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APPROVED AND FILED

T GLASS JUL 1 1 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| GE FINANCIAL S | SERVICES LL | C | | | | | |
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| | | | | Art of Inc. File | _ | | |
| | <u> </u> | | | LTD Partnership File | _ | | |
| | | | | Foreign Corp. File | - | 2019 | |
| | | | | L.C. File | · · · · · · · · · · · · · · · · · · · | <u>ر</u> | ≥ |
| | | | | Fictitious Name File | | 2019 JUL 10 | 严之 至 |
| | | | | Trade/Service Mark | · -·, | | |
| | | | | Merger File | • | FH 11: 0: | C |
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| | | | | RA Resignation | _ | | |
| | | | | Dissolution / Withdrawal | | _ | |
| | | | | Annual Report / Reinstatement_ | | _ | _ |
| | | | | Cert. Copy | | | |
| | | | ✓ | Photo Copy | | | |
| | | | | Certificate of Good Standing | ·· | | |
| | | | | Certificate of Status | | | |
| | | | | Certificate of Fictitious Name_ | | | |
| | | | | Corp Record Search | | | |
| | | | | Officer Search | = | | |
| | | | | Fictitious Search | | | |
| Signature | | · | _ | Fictitious Owner Search | | | |
| | | | | Vehicle Search | _ | | |
| | | | _ | Driving Record | | | |
| Requested by: BA | 7/10/19 | | | UCC 1 or 3 File | | | |
| Name | Date | Time | | UCC 11 Search | | | |
| Walk-In | W011 D1=1, 11 | _ | <u> </u> | UCC 11 Retrieval | | | |
| waik-iii | _ Will Pick U _l | P | I | Courier | | | |

COVER LETTER

| Division of Corp | | | | | |
|--------------------------------|--|---|--|-------------|---------|
| SUBJECT: C7 E | Financial | Ser Vices 11 | C | | |
| | Name of Lin | nited Liability Company | | | |
| | | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | bmitted for filing. | | | |
| Please return all correspond | dence concerning this matter | r to the following: | | | |
| | Woyne. | J Moseley Namo of Person | | | |
| | GE Fir | rim/Company | es, LLC | | |
| | PO 1 | Firm/Company Box 941088 Address Address City/State and Zip Code General Finance To be used for future annual report notificall: | | 2019 | |
| | Maitle | Gity/State and Zin Code | 94 | 1 1 U | مرا الد |
| | wayne a | generalfinance | es.com | 0 ∴ ≯ | |
| | E-fnail address: (t | to be used for future annual report notifi | cation) | · · · = | |
| | cerning this matter, please ca | all: | | | |
| Sandra J | Moseley | at (32/) 246 Area Code Daytime | 9004 | - | |
| Name of Pe | τson | Area Code Daytime | Telephone Number | | |
| | | | | | |
| Enclosed is a check for the fo | ollowing 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 Certificate C Certified Co (additional cop | of Status & | |
| MAILING Registratio | S ADDRESS: n Section | STREET/COURIE Registration Section | R ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| _ GE FIRENC | 1a Derilos 1 | _LC |
|--|---|---|
| (Name of the Limited 1 (A) | Liability Company as it now appears on a Plorida Limited Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liabil Florida document number | lity Company were filed on <u>5/2</u> | 1/2010 and assigned |
| This amendment is submitted to amend the following | | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and contain the words | "Limited Liability Company," the designa | tion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | 2: | |
| (Principal office address MUST BE A STREET A. | DDRESS) | |
| | | 20 |
| | | 9 |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX | 0 | - 0 = 2 |
| | | |
| | | |
| If amending the registered agent and/or registered agent and/or the new registered office: | egistered office address on our address here: | records, enter the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stre | et address |
| <u> </u> | | 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 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

If amending Authorized Person(s) authorized to mauage, enter the title, name, and address of each person being added or removed from our records:

| MGR = Ma | inager ithorized Member | | |
|--------------|----------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Sarara Moseley | | |
| | | 624 Tuscororo Trl | Remove |
| | | Maitland, El 32751 | |
| MIGR | Wayne I Mascley | 624 Tuscarora Trl Monthold, FL 32751 | Æ Add |
| | | | Remove |
| | | • | Change |
| MBR | Sonda J Moseley | Mortlone, FL 32751 | |
| | , | //oitlone; FL 32751: | Remove [|
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| (If an e <u>Note:</u> | tive date, if other than the date of filing: (optional) (optional) (foctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant I fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not linent's effective date on the Department of State's records. | t to 605. be liste | 0207 (3)(b d as the |
| If the re (b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the egong that the record is filed. | earlie | r of: |
| Dated | July 10 , 2019 | | |
| | July 10 , 2019 Signature of a member or authorized representative of a member Sondra J Moseley | | |
| | Sandra TM reales | | |
| | Typed or printed name of signes | | |

Page 3 of 3

Filing Fee: \$25.00