Division of Corporations **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.

(((H100002336163)))



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 : FOLEY & LARDNER Account Number : 072720000061 Phone : (904)359-2000 Fax Number : (904)359-8700

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MICHELS FINANCE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

EXAMINE



ATTORNEYS AT LAW
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FLORIDA 32202-5017
P. O. BOX 240
JACKSONVILLE, FLORIDA 32201-0240
TILLEPHONE: 904.359.2000
FACSIMILE: 904.359.8700
WWW.FOLEY.COM

FACSIMILE TRANSMISSION

Total # of Pages (Excluding Cover) 3

To:	Florida Secretary of State
From:	kpeterson@foley.com
Date:	10/26/2010

Delivery Details:

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

10/26/2010 11:22:26 AM Peterson, Karen R. (Jacksonville) Foley & Lardner LLP. Page 3

Fax Audit No. H10000233616

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DCT 26 耐电: 02

MICHELS 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 <u>September 16, 2010</u> and assigned Florida document number <u>L10000097125</u> .
his amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
SRM KEY FINANCE LLC
he new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
•
s. If amending the registered agent and/or registered office address on our records, enter the name of the ne- egistered 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

Page 1 of 2

If ameriting this Maniger 000 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address	Type of	Action
			Add Remo	ve
			Add Remov	⁄e
			Add Remov	re
). If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	– Ġo. – Ġo.	SECRETARY OF STATE
Dated	October 26	2010	160	ONS
	7 7 7 7	member or authorized representative of a member		
		. Whitley, Authorized Representative		

Page 2 of 2

Filing Fee: \$25.00

MGR = Manager