

L11000022309

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: *C VESKOVSKI*
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

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

Email Address: *CBV@TRIPPSCOTT.COM*

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FINANCE DEPOT, 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 FEBRUARY 22, 2011 and assigned
Florida document number L11000022309

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:

(Principal office address MUST BE A STREET ADDRESS)

10 FAIRWAY DRIVE

SUITE 202

DEERFIELD BEACH FL 33441 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10 FAIRWAY DRIVE

SUITE 202

DEERFIELD BEACH FL 33441 US

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

_____, 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

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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:

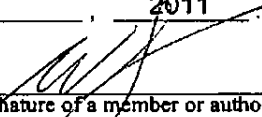
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANK MANCARI	C/O WILLIAM GROSS SUITE 202 DEERFIELD BEACH FL 33441 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR, P	FRANK MANCARI	10 FAIRWAY DRIVE SUITE 202 DEERFIELD BEACH FL 33441 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
VP, S	BARBARA MANCARI	10 FAIRWAY DRIVE SUITE 202 DEERFIELD BEACH FL 33441 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
T	CHRISTINE MANCARI	10 FAIRWAY DRIVE SUITE 202 DEERFIELD BEACH FL 33441 US	<input checked="" 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.)

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Dated JULY 18, 2011



 Signature of a member or authorized representative of a member
 WILLIAM J GROSS, AUTHORIZED SIGNATORY

 Typed or printed name of signee

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