

10/28/2011 12:56 FAX 5184320742
Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : 120070000019
Phone : (518) 689-1212
Fax Number : (518) 432-0742

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

Email Address: Alcoinc2@ADL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
VAS AUTO LEASING, LLC

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EXAMINER

H11 0002588303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VAS AUTO LEASING, 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 03/08/11 and assigned
Florida document number L11000028629

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALPINA AUTO LEASING LLC

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)

1255 BELLE AVE., UNIT 168

WINTER SPRINGS, FL 32708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1255 BELLE AVE., UNIT 168

WINTER SPRINGS, FL 32708

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:

1255 BELLE AVE., UNIT 168

Enter Florida street address

WINTER SPRINGS

Florida

32708

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove


_____	_____	_____	<input 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.)*

Dated OCTOBER 26TH, 2011.

_____ X 

Signature of a member or authorized representative of a member

VLADISLAV FEYGIN

Typed or printed name of signee

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