Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H120002669513)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AKERMAN SENTERFITT (MIAMI)

Account Number : 075471001363 Phone : (305)374-5600 Fax Number

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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:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MB DEALER FINANCIAL, LLC

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Corporate Filing Menu

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11/8/2012

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED	
(H192090266951 3) Alf 8: 2	
SECRETARY OF STATE TALLAHASSEE, FLORIDA	•

MB DEALER F	INANCIAL, LLC	
(A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	April 11, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company her	2:
The new name must be distinguishable and end with the value. L.C."	vords "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Euter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg		ur records, enter the name of the new
Name of New Registered Agent;		
New Registered Office Address:		
	£n	er 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

MGR = Manager

MGRM = Managing Momber

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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:

<u>Title</u> Name Address Type of Action MGRM Maria Lucia Parra 6303 Blue Lagoon Drive ___ ∧dd ☑ Remove Suita 400 Miami, EL 33126 MGRM Sabrina Tobias 6303 Blue Lagoon Drive Add Remove Suite 4000 Miami, Et. 33126 □ Add Remove ∏ ∧dd ∏ Remove Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **ფ** October 1 2012 Dated. Signature of a member or authorized representative of a member Mario J.T. Benedetti Typed or printed name of signes

> Page 2 of 2 Filing Fee: \$25.00

> > (H12000266951 3)