

L11000080560

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11 AUG 26 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 29 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONTINENTAL LEASING GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aixa D. Aviles

Name of Person

Equinox Solutions

Firm/Company

2800 S Orange Blossom Trail

Address

Orlando, FL 32805

City/State and Zip Code

a.aviles@eq-so.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aixa D. Aviles

at (407)

850-7280

Area Code & Daytime Telephone Number

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

Certified Copy
(additional copy is enclosed)

☒ \$30.00 Filing Fee &

Certificate of Status

Certified Copy

(additional copy is enclosed)

☐ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

☐ \$60.00 Filing Fee,

Certificate of Status &

Certified Copy

(additional copy is enclosed)

STREET/COURIER MAILING ADDRESS:

Registration Section
Division of Corporations
Clifton Building
P.O. Box 6327
Tallahassee, FL 32314
Tallahassee, FL 32301

STREET/COURIER ADDRESS:

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

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

CONTINENTAL LEASING GROUP 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 08/22/2011 and assigned
Florida document number L11000080560

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Enter Florida street address

City

Florida

Zip Code

City

Florida

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.

Changing Registered Agent, Signature of New Registered Agent

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGM	Yani Jusakos	3400 S Crystal Lake Cr Orlando, FL 32806	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGM	Juan C. Reyes	4308 S Kirkman Rd #1702 Orlando, FL 32811	<input type="checkbox"/> Add <input checked="" 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
			<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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TALLAHASSEE, FLORIDA

Dated

8/23/11

Authorized representative of a member

Signature of a member or authorized representative of a member

Dean Tasman

Dean Tasman

Typed or printed name of signee

Typed or printed name of signee