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DIVISION OF CORPORATIONS

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TO:

Registration Section

COVER LETTER

Division of Corp	porations				
SUBJECT:	ACCREDITED LEASING LLC				
		ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspon	ndence concerning this matter	r to the following:			
	Ol	GA LYDIA MARRERO			
		Name of Person			
	ACCREDITED LEASING LLC				
		Firm/Company			
		146 2ND ST. NORTH			
	Address				
	CAINT	DETERORURO EL 20704			
	SAINT PETERSBURG FL, 33701 City/State and Zip Code				
	GONZOVALDES@YAHOO.COM E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please of	call:			
GONZ	ALO VALDES	at (813)	3353209		
Name of	Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for th	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DITED LEASING LL			
(A Florid	l <mark>ity Company as it now appea</mark> la Limited Liability Company)	, and the state of	SEC VISI	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	02/09/2012	SECRETARY OF SIGNATURE CORPORATION AND AND AND AND AND AND AND AND AND AN	
This amendment is submitted to amend the following:		·	9: 53	
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Comp	any," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
Enter new mailing address, if applicable:			***************************************	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		our records, enter the	name of the new	
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

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> Name 1 **Address Type of Action** MGRM, RACHEL JAZMIN MARRERO 14609 PAR CLUB CIRCLE TAMPA FL, 33618 ✓ Add
☐ Remove ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MARCH 12 2012 Dated ___ Signature of a member or authorized representative of a member OLGA LYDIA MARRERO

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00