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(Document Number)	_
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D. SCOTT SEP 1 2017

COVER LETTER

TO: Registration So Division of Cor		·				
Auto Class	ic Collections LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	John Cammarano					
		Name of Person				
	Auto Classic Collections I	LC				
		Firm/Company		,		
	10951 Cherry Lake Road			-:0	<u> </u>	
		Address			~	
	Clermont, FL 34715			-); 	-
		City/State and Zip Code				777
	joey@knockerball.com E-mail address: (to be used for future annual report notifi	cation)	· ·	3	
For further information of	concerning this matter, please o	•	· •	 	2.59	
John Cammarano		561 239-2710				
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate Contified Contifi	of Status &		

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

Auto Classic Collections 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 01/24/2013 and assigned Florida document number _____L13000012313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Knockerball Finance LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." 1272 Raleigh Ct. Apt 103 Enter new principal offices address, if applicable: Glendale Heights, IL 60139 (Principal office address MUST BE A STREET ADDRESS) PO Box 88244 Enter new mailing address, if applicable: Carol Stream, IL 60188 (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: Joseph R. Ricely Name of New Registered Agent; 10951 Cherry Lake Road New Registered Office Address: Enter Florida street address Clermont

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	John Cammarano	10951 Cherry Lake Road	
		Clermont, FL 34715	■ Remove
			Change
MGRM	Joseph R. Ricely	1272 Raleigh Ct. Apt 103	B Add
•	•	Glendale Heights, IL 60139	Remove
			☐ Change
		 	D Add
			□ Remove
			☐ Change
	·		□ Add
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an effective da ote: If the d	ate is listed, the date must be speci ate inserted in this block does fective date on the Departmen	fic and cannot be prior to s not meet the applicab	date of filing or more than le statutory filing requir	(optional) 90 days after filing.) Pursuam ements, this date will not	t to 605.0201 be listed as
	pecifies a delayed effect day after the record is f		an effective time, a	t 12:01 a.m. on the	earlier o
ated	08/29/17				
			•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00