

(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	
PICK-UP] WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filir	ng Officer:	

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COVER LETTER

TO:

Registration Section
Division of Corporations

Nationwide Auto Lease

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:



Name of Person

Nationwide Auto Lease

Firm/Company

37 North Orange Ave., Suite 512

Address

Orlando, FL 32801

City/State and Zip Code

Elie@nationwideautolease.com

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

For further information concerning this matter, please call:

Eliyahu Z Shmalo

,,305 **,431-479**6

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 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

Nationwide Auto Lease, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(7.	1 to tou Similar Black	.j company)	The state of the s
The Articles of Organization for this Limited Li	ability Company were	e filed on 6/28/13	and assigned
Florida document number L13000093266	<u> </u>		20:10
This amendment is submitted to amend the following	owing:		<i>57</i>
A. If amending name, enter the new name of	the limited liability	company here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited L	iability Company," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if applic	able:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/ registered agent and/or the new registered of	_	address on our records, <u>enter t</u> i	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	37 North Ora	nge Dr., Suite 512	
		Enter Florida street addr	
	Orlando	, Florida <u>3</u> 2	801
	Ci	ty	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

Title	<u>Name</u>	Address	Type of Action
MGR	Eliyahu Z Shmalo	37 North Orange Dr., Suite 512	Add
		Orlando, FL 32801	Remove
MGR	Eliyahu Shmalo	PO Box 613	Add
		Goodland, FL 34140	Remove
			Add
			Remove
			_ & Add
		8) (1) (2)	Remove
			_ Add
			Remove
			Add
			Remove

D., If amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
4-10-10-10-10-10-10-10-10-10-10-10-10-10-	
Dated July 26	2013
	9 Lugeby Z Shraib
	Signature of a member or authorized representative of a member
	Eliyahu Z Shnalo
	Typed or printed name of signee
	Doga 2 of 2

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Filing Fee: \$25.00

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