# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GM FINANCIAL GROUP

Account Number : I19980000102

: (954)428-8899

Phone Fax Number

: (954)428-6699

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address:

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Corporate Filing Menu

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	(A Florida I	Company as (Cnow appears on our record imited Liability Company)	and assisted
The Articles of Organizati	on for this I jimited I inhility Co.	mpany were filed on 10/9/2014	and assigned
		inpany were med on	and assigned
Florida document number	1,14000156006	_•	ŕ
This amendment is submit	tted to amend the following:		•
	•		
A. If amending name, <u>e</u> r	nter the new name of the limit	ed liability company here:	·
			•
The new name must be disting	alshable and end with the words "Lim	ited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offic	ces address, if applicable:		
(Principal office address	MUST BE A STREET ADDRI	ESS)	
			•
Enter new mailing addr	ess, if applicable:	· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAX B	E A POST OFFICE BOX)		
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	egisteren agent and/or regist <u>the new registered office addr</u>	ered office address on our record	is, enter the name of the new
Legistered agent mimor	the new registered ordice addr	ess here:	
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Name of New R	legistered Agent:		
New Registered	Office Address:	Enter Florida street addre	
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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 Recistered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	LILLIANA RAMIREZ	1499 W PALMETTO PARK RD #130	■ Add
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e effective date must be specific, enacet be prior to date of receipt a date this document is filed by the Florida Department of State)	or filed date and cames be	more than 90 days after
OCTOBER 24 20.	14	
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