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(Req	uestor's Name)	
DbA)	ress)	
(Add	ress)	<u>.</u>
(City	/State/Zip/Phon	e #)
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(Doc	ument Number)	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	AUTOLENI	DERS GO, LLC		
SOBSICI.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Justin Schneider		
			Name of Person	
		AutoLenders GO, LLC		
			Firm/Company	
		122 Cross Keys Road		
			Address	
		Berlin, NJ 08009		
			City/State and Zip Code	
		jschneider@autolenders.cor		
For further ir	nformation co	E-mail address: (i ncerning this matter, please ca	to be used for future annual report notificall:	cation)
Justin Schne	ider		856 335-0910 ext	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

AUTOLENDERS GO, 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 October 16, 2017 Florida document number __L17000213528 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 , Florida _

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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Justin Schneider	122 Cross Keys Road	Add
		Berlin. NJ 08009	■ Remove
			Change
MGR	Jason Markus	122 Cross Keys Road	Add
		Berlin, NJ 08009	■ Remove
			Change
MGR	Michael Wimmer	122 Cross Keys Road	
		Berlin, NJ 08009	Remove
			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
	 .		
			Remove
			Change

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Note: If	tive date, if other than the date of filing:	mant to 605.0207 (3 not be listed as th
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t Oth day after the record is filed.	he earlier of:
Dated	December 13 aur7	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00