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COVER LETTER

TO: F	Registration Se Division of Cou	ection porations		
SUBJECT	r. Uì	NITED MOTOR FINANCE G	ROUP LLC	
SUBJECT		Name of Lim	nited Liability Company	
		Amendment and fee(s) are sub	Ç	
		THOMAS ROSEI	NBERG	
			Name of Person	
		UNITED MOTOR	FINANCE GROUP LLC	
			Firm/Company	
		140 INTRACOAS	STAL POINTE DRIVE, SUITE 21:	2
			Address	
		JUPITER, FLOR	IDA 33477	
		TDRWORLDLEG	City/State and Zip Code SAL@GMAIL.COM	
		E-mail address: (to be used for future annual report notifi	ication)
For further	r information c	oncerning this matter, please co	ali:	
THOMAS	S ROSENBE	RG	at (312) 953-6504	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		70 H 2
፟ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	n ntions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED MOTOR FINANCE GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) MARCH 20, 2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L18000072318 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

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

Floridà

Ziv Code

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
AMBR	HABBS TRUST #1	140 INTRACOASTAL POINT DRIVE, SUITE 212	
		JUPITER, FL 33477	⊠ Remove
			Change
			Remove
			☐ Change
		•	Add
			□ Remove
			Change
			Add
			Remove
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			Add
		(a) (a) (b) (b) (b) (c)	Remove
		<i>I</i> 1	Ū Ş □ Add
		· · · · · · · · · · · · · · · · · · ·	Remove
			□ Change

	E ARE REMOVING HABBS TRUST #1 AS A MEMBER AND MANAGER, AS IT WAS INADVERTAN
	CLUDED IN THE ORIGINAL FILING
	COM AND
	The second secon
ativa	te, if other than the date of filing: MARCH 20, 2018 (optional)
effect	te, if other than the date of filing: (optional) (optional) (are is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605:0
<u>e:</u> If	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ımen	ffective date on the Department of State's records.
ecor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
ne 90	day after the record is filed.
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A	EIL 25 / // 2018
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	Mus R) of a
	- Sur Dacely
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00