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J. BRYAN

HEB 21 2012

EXAMINE

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: GE	RMAN & AMERICAI	N FINANCIAL SERVICES	, LLC
	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Ruth I. Schadek	
	·	Name of Person	
	GERMAN & AME	ERICAN FINANCIAL SERVICE	S II C
		Firm/Company	75.5
	47	10 Cana Canal Disease E	TALLAHASSEE, FLORIDA
1718 Cape Coral Pkwy. E.			£ 82 F
		, com 633	Salar Com
	Cape Coral, FL 33904		
		City/State and Zip Code	To.
	ruth.s	chadek@avalverbund.de	
	E-mail address: (to be used for future annual report notification	on)
For further information	concerning this matter, please of	call:	,
Me	. Cindy Koenig	. 230 . 54	9-7191
	of Person	at (239) 54	lephone Number
Enclosed is a check for	-		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

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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

(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 Liab	nility Company were filed on <u></u>	7/26/1999 and assigned	
Florida document number <u>L 99 00 000</u>	11471	 د_	
Piortua document siumbet 2 1 100 PM	TELT.	4.0	2000
This amendment is submitted to amend the follow	ring:		
			ွ
A. If amending name, enter the new name of the			_
AVAL Financial Own	10,26	Eq.	<u>*</u>
The new name must be distinguishable and end with t	he words "Limited Liability Compa	any," the designation "LLC" or the abbrevi	ation
"L.L.C."		99	5
Enter new principal offices address, if applicab	le.	- Er	à U
• •		7	
(Principal office address MUST BE A STREET	ADDRESS)		_
Enter new mailing address, if applicable:			
-			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
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	e address here:		
Name of New Registered Agent:			
New Registered Office Address:	r.	ter Florida street address	
	2.1	ner rioriau sireei aaaress	
		, Florida	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Re	gistered Agent:		
I hereby accept the appointment as registered	agent and agree to act in this c	anacity. I further agree to comply wil	h
the provisions of all statutes relative to the pro	per and complete performance	of my duties, and I am familiar with	and
accept the obligations of my position as registe	ered agent as provided for in C	hapter 608, F.S. Or, if this document	is
being filed to merely reflect a change in the re-	gistered office address, I hereb	y confirm that the limited liability	
company has been notified in writing of this ch	ange.		
•	If Changing Designand &	ent, Signature of New Registered Agent	
	ii Unanging Kegistered Ag	CHP STEERING OF TACH MCGISTCLCO VACUE	

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

<u>Address</u> Type of Action **Title** <u>Name</u> MGRH Dagmar Bereudes

MGR Ruth 1. Geledek 4574 braham Drue 🔀 Add Remove Hunber Ruth 1. Behadek ∏Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Ruth 1. Ghadele is Hember and Pyent the company. Dated February 5th 2012 Signature of a member or authorized representative of a member Typed or printed name of signec

Page 2 of 2

Filing Fee: \$25.00