

Kim/Date **MO/000000/710**

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005 FILED

REFERENCE: 9602601-10 2002 JUN 10 PM 2:06

DATE: 6-10

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REQUESTOR NAME: Lexis Document Services

RECEIVED  
02 JUN 10 AM 11:24  
DIVISION OF CORPORATIONS

ADDRESS:

TELEPHONE: ( ) ( ) - ext ( )

CONTACT NAME:

CORPORATION NAME: McBride Finance Corporation LLC

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

Amend.

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

300005728103--9

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

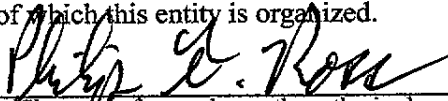
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**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: McBride Finance Corporation LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 30, 2001

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? May 30, 2002
5. New name of the limited liability company: Solution Provider Finance LLC
6. If the amendment changes the period of duration, indicate new period of duration:  
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of a member or the authorized  
representative of a member

Philip T. Ross, General Manager  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

# Delaware

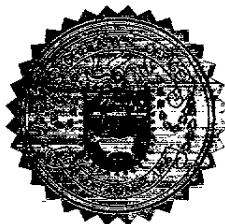
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "MCBRIDE FINANCE CORPORATION LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SOLUTION PROVIDER FINANCE LLC", THE THIRTIETH DAY OF MAY, A.D. 2002, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID LIMITED LIABILITY COMPANY IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3407115 8320

AUTHENTICATION: 1817712

020365782

DATE: 06-07-02