DOCUMENT: # M9900000219  1. Enlity Name							FILED SECRETARY OF STAT	·E			
ALAMO FINANCING L'.L.C.							SECRETARY OF STAT DIVISION OF CORPORAT	IONS			
Principal Place of Business c/o Lord Securities Two Wall Street, 7th Fl New York, NY 10005			Mailing Address c/o Lord Securities Two Wall Street, 7th Fl New York, NY 10005				00 SEP 26 AMII:	02 ~rf	,		
2. Principal Pla	3. Mailing Address	Mailing Address				U					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Number Applied For Not Applicable				
Zip	Country		Zip Count		ry		5. Certificate of Status Desired S \$5.00 Additional Fee Required				
-	6. Name an	d Address of Current R	egistered Agent			a	7. Name and Address of New Regis	stered Ag	ent		
		ATION SYSTEM			Name						
1		Ì	Street Address (P.O. Box No		O. Box Number is Not Acceptable)						
P.	Tantatio	n, FL 33324		İ							
				•	City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	:	
8. The above	named entity su	ibmits this statement for	the purpose of changing its	registere	d office or	registere	ed agent, or both, in the State of Florida	l.			
CIONATURE											
SIGNATURE _	Signature, typed or pr	rinted name of registered agent an	d title if applicable. (NOT	: Registered	Agent signatu	ure required t	when reinstating)	DATE			
			FILE No Make Check Pa	经有效的现在分词	EE IS \$ Depart	2017年6月1日1日	State				
9.		MANAGING MEMBER	RS/MEMBERS	10.		<u> </u>	ADDITIONS/CH	ANGES			
TITLE	MGR		☑ Delete	TITLE		MGR		[	Change	★ Addition	
NAME		athleen W.		NAME	:	Fior	avanti, Albert J.				
STREET ADDRESS		Andrews Ave.		STREE	et address		Wall Street				
CITY-ST-ZIP		uderdale, F <u>L</u>	33301	CITY-	-ST-ZIP						
TITLE	MGR	adeldale, ib		_=_		News	York, NY 10005				
NAME				TITLE		News:	York, NY 10005	[	Change	Addition	
STREET ADDRESS	BUILWALL	- Horacad D	₩ Delete	TITLE		New:				Addition	
CITY-ST-ZIP	200 C	z, Howard D.		NAME		News					
ļ		Andrews Ave.	⊠ Delete	NAME STREE	<b>:</b>	Newa	9000034 -10/05/0	158 001	3 <b>89-</b> 1220	<b>D</b> 101	
TITLE	Fort La		☑ Delete	NAME STREE CITY -	ET ADDRESS -ST-21P	News:		158 001 .25	3 <b>89-</b> 1220	<b>D</b> 101	
NAME	Fort La MGR	Andrews Ave.	⊠ Delete	NAME STREE CITY-	ET ADDRESS -ST-2IP		9000034 -10/05/0	158 001 .25	3 <b>89-</b> 1220 <u>*****</u>	<b>()</b> 101 1.25	
NAME STREET ANDRESS	Fort La MGR Sorense	Andrews Ave. uderdale, FL n, Peter H.	33301 . □ Delete	NAME STREE CITY- TITLE NAME	ET ADDRESS -ST-2IP	474	9000034 -10/05/0	158 001 .25	3 <b>89-</b> 1220 <u>*****</u>	<b>()</b> 101 1.25	
STREET ADDRESS	Fort La MGR Sorense <del>200</del> -S	Andrews Ave. uderdale, FL n, Peter H. Andrews-Ave	33301 . □ Delete	NAME STREE CITY- TITLE NAME STREE	ET ADDRESS -ST-2IP	Two	9000034 -10/05/0 *****61 Wall Street	158 001 .25	3 <b>89-</b> 1220 <u>*****</u>	<b>()</b> 101 1.25	
STREET ADDRESS CITY-ST-ZIP	Fort La MGR Sorense <del>200</del> -S	Andrews Ave. uderdale, FL n, Peter H.	33301 . □ Delete. 33301	NAME STREE CITY- TITLE NAME STREE CITY-	ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ST-ZIP	Two	9000034 -10/05/0 *****61	155 001 .25	3 <b>89-</b> 1220 <u>*****</u>	<b>()</b> 101 1.25	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Peter H. Sorensen, Manager