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| ul; <u></u> | Name of Lin | nited Liability Company | | | |
| losed Articles of | Amendment and fee(s) are sub- | omitted for filing. | | | |
| eturn all correspo | ondence concerning this matter | to the following: | | | |
| | | Tabitha A. Taylor | | | |
| | | Name of Person | | | |
| | | Bryant Taylor Law, PLLC | | | |
| | | Firm/Company | | | |
| | | 261 N. University Drive, Suite 500 | | | |
| | | Address | :- | رن دن | 202 |
| | | Plantation, FL 33324 | 3 [7] | - MO - MO - MO - MO - MO - MO - MO - MO | 2021 AUG 1 1 |
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| | | kmontero@sbttlaw.com | 10 | ; | • |
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| er information c | oncerning this matter, please c | all: | ,- <u></u> | | ⊃ |
| ontero | | 954 282-9331 | | | |
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| | er information contero Name of Mailing Address Registration St. Division of CP.O. Box 632 | Name of Lin Osed Articles of Amendment and fee(s) are substant all correspondence concerning this matter E-mail address: er information concerning this matter, please contero Name of Person is a check for the following amount: Of Filing Fee \$30.00 Filing Fee & | Division of Corporations FT. LAUDERDALE AUTO LEASE LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Tabitha A. Taylor Name of Person Bryant Taylor Law, PLLC Firm/Company 261 N. University Drive. Suite 500 Address Plantation, FL 33324 City/State and Zip Code kmontero@sbttlaw.com E-mail address: (to be used for future annual report noti er information concerning this matter, please call: ontero Name of Person The Status OF Filing Fee Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of The Centre | Division of Corporations FT. LAUDERDALE AUTO LEASE LLC Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filling, sturn all correspondence concerning this matter to the following: Tabitha A. Taylor Name of Person Bryant Taylor Law, PLLC Firm/Company 261 N. University Drive, Suite 500 Address Plantation, FL 33324 City/State and Zip Code kmontero@sbttlaw.com E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: ontero Set 282-9331 Name of Person Area Code Certificate of Status Certified Copy Certified Copy Certificate Certificate of Status Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee | Division of Corporations FT. LAUDERDALE AUTO LEANE LLC T: Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Tabitha A. Taylor Name of Person Bryant Taylor Law, PLLC Firm/Company 261 N. University Drive, Suite 500 Address Plantation, FL 33324 City/State and Zip Code kmontero@sbitdaw.com E-mail address: to be used for future annual report notification) Name of Person Area Code Daytime Telephone Number is a check for the following amount: 30 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FT. LAUDE | ERDALE AUTO LEASE LLC | | |
|--|---|------------------------|----------------------|
| (<u>Name of the Limited Liability</u> (A Florida l | r Company as it now appears on ou Limited Liability Company) | r records.) | |
| The Articles of Organization for this Limited Liability Co Florida document number L21000331264 | ompany were filed on 07/21/202 | 1 | and assigned |
| This amendment is submitted to amend the following: | _ | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | | |
| National Auto Lease USA, LLC | | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designati | on "LLC" or the ab | obreviation "L.L.C," |
| Enter new principal offices address, if applicable: | | | |
| Principal office address MUST BE A STREET ADDRI | ESS) | <u> </u> | 202 |
| | | | 2 71 |
| | | 22 | <u> </u> |
| Enter new mailing address, if applicable: | | | _ [|
| (Mailing address MAY BE A POST OFFICE BOX) | - 100 | Mari Mari | # (-) |
| Manager Manager Manager Control Down | _ | - ZZ | - 23 |
| | | · ਜੋ | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records | , <u>enter the nam</u> | e of the new regis |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida stree | et address | |
| | | Florida | |
| | City | | Zip Code |

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 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> | Address | Type of Action |
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| ffective date, if other than | he date of filing: | (optional |) | |
| ote: If the date inserted in thi | must be specific and cannot be prior to date of f block does not meet the applicable statut | tting or more than 90 days after filin tory filing requirements, this dat | g.) Pursuant to 605. e will not be liste | .0207 ed as |
| ocument's effective date on the | Department of State's records. | | | |
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| | Signature of a member or authorized repre | sentative of a member | | |
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