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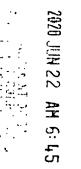
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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AUG 0 7 2020 S. YOUNG

## COVER LETTER

Tallahassee, FL 32314

TO: Registration of	on Section *Corporations		
0.11.11.00	FIN LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
	JACOB JULIUS MILLE	TE	
	<del> </del>	Name of Person	
	AUTOFIN LLC		
	<del></del>	Firm/Company	
	3729 BLANDING BLVE	SUITE 3	
		Address	-
	JACKSONVILLE, FL 3.	2210	
		City/State and Zip Code	<del></del>
	manuelmillete@yahoo.cor	n (to be used for future annual report noti	***
For further informati	ion concerning this matter, please	·	meation
JACOB JULIUS MI	ILLETE	904 535 1439	
Na	ime of Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing Fe	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad		Street Address:	
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AUTOFIN LLC		· 🔀
(Name of the Limited Liability	Company as it now appears on our reco imited Liability Company)	rds.)
(A Florida L	imited Liability Company)	
	07.41.2020	-
The Articles of Organization for this Limited Liability Cor	mpany were filed on 05-01-2020	and assigned
Florida document number L20000118001		
riorida document number		
This amendment is submitted to amend the following:		i di
The amena is suconifice to unione the following.		H 6: 45
A. If amending name, enter the new name of the limite	ed liability company here:	0.
<u> </u>	a manney company next.	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22)	
C-40		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· <u>···</u>
B. If amending the registered agent and/or registered o	office address on our records, <u>ente</u>	er the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:	_ <del>_</del>	
N. D. 1. 100 A.H.		
New Registered Office Address:	r	<del></del>
	Enter Florida street addi	CON
	1	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
AMBR	JACOB JULIUS MILLETE	4129 AUTREY AVE W JAX FL 32210	<b>=</b> Add
			□Remove
			□Change
	<del></del>	<del></del>	🗀 Add
			□Remove
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ated JUNE 19TH 2020	Red Milion The Way
Signature of a member or authorized representative of a member  JACOB JULIUS MILLETE	ig(ig)

Filing Fee: \$25.00