

L100000 41614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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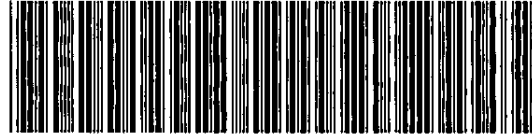
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

2015 DEC 28 PM 4:08

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12/28/15--01013--004 **25.00

DEC 28 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PITSTOP FINANCE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SABRINA NEWELL

Name of Person

PITSTOP FINANCE LLC

Firm/Company

127 SOUTH ORANGE BLOSSOM TRAIL B

Address

ORLANDO, FL 32805

City/State and Zip Code

pitstopfinance.10@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SABRINA NEWELL

Name of Person

at (³²¹~~407~~) 431-1252

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
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**

PITSTOP FINANCE LLC

(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 Liability Company were filed on 04/19/2010 and assigned Florida document number L10000041614.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

127 SOUTH ORANGE BLOSSOM TRAIL B

ORLANDO, FL 32805

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

127 SOUTH ORANGE BLOSSOM TRAIL B

ORLANDO, FL 32805

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 address here:

Name of New Registered Agent:

SHIVANI SHIWLOCHAN

New Registered Office Address:

3356 LUKAS CV

Enter Florida street address

ORLANDO

City

, Florida 32820

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

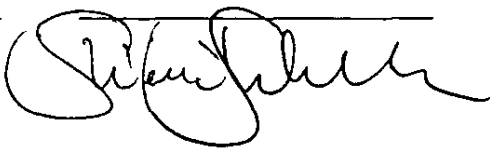
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided 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.

Shivani Shiwlochan
If Changing Registered Agent, Signature of New Registered Agent

2016 DEC 3 PM 4:08
STATE OF FLORIDA
TALLAHASSEE

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	SHIVANI SHIWLOCHAN	3356 LUKAS CV 820	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32820	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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20 DEC 8 4:00 PM
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

BASED ON THE AGREEMENT, I
SHIVANI SHINLOCHAN TAKE RESPONSIBILITY
FOR PROSEC FINANCE AS OF JANUARY
1ST, 2016. ANY PRICE ISSUES WITH THIS
COMPANY, WILL BE THE RESPONSIBILITY
OF THE PREVIOUS OWNER SABRINA
NEWELL. THAT IS MY CONDITION TO
TAKE OVER THE COMPANY.

12/16/15 

E. Effective date, if other than the date of filing: 01/01/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated DECEMBER 10, 2015



Signature of a member or authorized representative of a member

SABRINA NEWELL

Typed or printed name of signee

FILED
2015 DEC 28 PM 4:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA