

L10000041619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 04 2016
BRUCE

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

Firm/Company

112 WATER OAK DR

Address

SANFORD, FL 32773

City/State and Zip Code

kmarie2499@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

407 431-1252
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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:

112 WATER OAK DR

(Principal office address MUST BE A STREET ADDRESS)

SANFORD, FL 32773

Enter new mailing address, if applicable:

112 WATER OAK DR

(Mailing address MAY BE A POST OFFICE BOX)

SANFORD, FL 32773

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:

SABRINA NEWELL

New Registered Office Address:

112 WATER OAK DR

Enter Florida street address

SANFORD

Florida


32773

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 Changing Registered Agent, Signature of New Registered Agent

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	SABRINA NEWELL	112 WATER OAK DR, SANFORD, FL 32773	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	SHIVAN SHIWLOCHAN	3356 LUKAS CV ORLANDO, FL 32820	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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 TALLAHASSEE, FLORIDA

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

The purpose of this amendment is to cancel the last amended forms filed on December 28, 2015 and consider that amendment as null and void. I, Sabrina Newell, remain the only member of the company as well as the registered agent. Sabrina Newell

Sabrina Newell 2/10/16

I, SHIVANI SHINMOCHAN, ASK TO BE REMOVED AS A MEMBER AND REGISTERED AGENT OF THIS COMPANY, WHICH I NEVER TOOK OVER AT ANY DATE. CONSIDER THE AMENDMENT FROM DECEMBER 28, 2015, AS NULL AND VOID. SABRINA NEWELL WILL REMAIN AS THE REGISTERED AGENT AND THE ONLY MEMBER OF THIS COMPANY AS MENTIONED ABOVE.

E. Effective date, if other than the date of filing: 12/28/2015 (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 02/10 2016

Sabrina Newell

Signature of a member or authorized representative of a member

Sabrina Newell

Typed or printed name of signee

SHIVANI SHINMOCHAN

SHIVANI SHINMOCHAN

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2016 MAR 3 P 10:06
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TALLAHASSEE, FLORIDA