L10000105367

(Ke	questor's Name)	
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(Cit	y/State/Žip/Phone #)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Name)	
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	U.S. Auto Credi	it Purchasing Center, LLC	
3000LC1.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Ryan A. Johnson Name of Person	
	U.S. At	uto Credit Purchasing Center, L	LC
		Firm/Company	
	 .:	P.O. Box 57545 Address	
		Jacksonville, FL 32241 City/State and Zip Code	
	ryan.jc E-mail address: (ohnson@usautocreditcorp.com to be used for future annual report	notification)
For further information c	oncerning this matter, please ca	all:	
	ran A. Johnson f Person	at (<u>904</u>) Area Code Day	421-8737
Time 0		Alea Code Ba	mile receptione remoci
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address Registration	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	./	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U.S. Auto Credit Purchasing Center, 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 _____ Florida document number _____ L10000105367 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: 8120 Nations Way, Suite 208 Jacksonville, FL 32256 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: P.O. Box 57545 Jacksonville, FL 32241 (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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 Title Name <u>Address</u> **Type of Action** Remove _____Change □Remove _____ Change _____ □Remove ______ Change ______ Remove _____ □Change _____ □Remove ____

Change

______ □Remove

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f an effect <u>Note:</u> If	e date, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed	
Dated	MARCH 4 . 2020.
	Roya Him Winders of a member of a member
	Royce Glynn Wimberly, President
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Filing Fee: \$25.00