

L12000048895

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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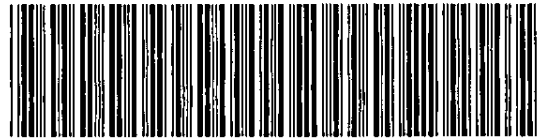
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JAN 21 2016

S MASON

TO:

SUBJECT: Capital One Auto Financing U.S.A LLC
Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company	Country	Year	Sample Size	Method	Findings
Firm A	USA	2005	100	Survey	Positive
Firm B	UK	2006	150	Interview	Mixed
Firm C	Canada	2007	200	Survey	Positive
Firm D	Australia	2008	120	Interview	Mixed
Firm E	Germany	2009	180	Survey	Positive
Firm F	France	2010	160	Interview	Mixed
Firm G	Italy	2011	140	Survey	Positive
Firm H	Spain	2012	130	Interview	Mixed
Firm I	Japan	2013	170	Survey	Positive
Firm J	China	2014	190	Interview	Mixed
Firm K	India	2015	210	Survey	Positive
Firm L	Brazil	2016	150	Interview	Mixed
Firm M	Russia	2017	180	Survey	Positive
Firm N	South Africa	2018	160	Interview	Mixed
Firm O	Nigeria	2019	140	Survey	Positive
Firm P	Kenya	2020	120	Interview	Mixed
Firm Q	Egypt	2021	130	Survey	Positive
Firm R	Pakistan	2022	150	Interview	Mixed
Firm S	Bangladesh	2023	160	Survey	Positive
Firm T	Vietnam	2024	170	Interview	Mixed
Firm U	Indonesia	2025	180	Survey	Positive
Firm V	Philippines	2026	190	Interview	Mixed
Firm W	Thailand	2027	200	Survey	Positive

Address _____

City/State and Zip Code

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

[illegible]

☒ \$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)

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**

Capital One Auto Financing USA 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 4/10/12 and assigned Florida document number L120000048895

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)

Enter new mailing address, if applicable:

(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

_____, 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 Changing Registered Agent, Signature of _____ Registered Agent

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TALLAHASSEE, FLORIDA

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>
MGR	Mike Askari	324 N. Monroe Street	<input type="checkbox"/> Add
		Tallahassee, FL 32301	<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
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TALLAHASSEE, FLORIDA

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

[illegible]

E. Effective date, if other than the date of filing: _____ (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 January 20, 2016

Signature of a member or authorized representative of a member

Daniel E. Manausa

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA