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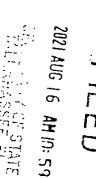
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(x,y) = (x,y) + (x,y) = (x,y)

Registration Section Division of Corporations

TO:

F & I Soli	utions and Investments, LLC.		
Sonsect.	Name of Li	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	brnitted for filing.	
	oondence concerning this matte		
	Fernando Romani		
		Name of Person	
	F & I Solutions and Inves	etments, LLC.	
		Firm/Company	
	4133 NW 81st Terrace		
		Address	
	Coral Springs, FL 33065		
		City/State and Zip Code	
	romanif@fisni.com		
	E-mail address:	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please o	all:	
Fernando Romani		954 931-5411 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section forporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe	orations Hahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F & I Solutions and Investments, 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 September 30, 2013 and assigned Florida document number L13000137668 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 "LLC." 63 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

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>	Address	Type of Action
AMBR	ASA Florida, LLC.	5098 Forest Dale Drive	
		Lake Worth, FL 33449	■Remove
			Change
AMBR	Dealer Participation Solutions, Inc.	2235 Morning Dew Ct.	
		Allen, TX 75013	■ Remove
			□Add
			□ Remove
			Change
	 		□Add
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ffective date, if other than the an effective date is listed, the date made inserted in this locument's effective date on the locument's	ust be specific block does n	and cannot be poor of meet the ap	prior to date of plicable statu	filing or more th	(option than 90 days after quirements, this	filing.) Pursuan	t to 605.0207 be listed as
record specifies a delayed effecti t is filed.	ve date, but	not an effectiv	ve time, at 12	:01 a.m. on th	ne earlier of: (b) The 90th da	ay after the
ated Monday, August 9		2021					
de:	10, 2021 16 00 EDI	1					
remar 60 kdman (Au)		,					
Femar & Kamani (au	Signature o	of a member or a	uthorized repr	esentative of a	member		

Filing Fee: \$25.00