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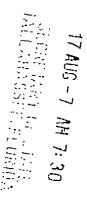
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COVER LETTER

Registration Section
Division of Corporations

ГО:

Au SUBJECT:		nancial LLC		
		Name of Lim	ited Liability Company	
The enclosed Ar	ticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all	correspo	ndence concerning this matter	to the following:	
		Diego Strauss		
			Name of Person	
		Autocar Financial LLC		
			Firm/Company	
		4970 SW 52nd Street #303	3	Daytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) COURIER ADDRESS: Section Corporations
			Address	
		Davie, FL 33314		ling. ving: of Person Company Idress and Zip Code future annual report notification) 954 641-2130 Daytime Telephone Number 0 Filing Fee & Gertificate of Status (Certified Copy ional copy is enclosed)
			City/State and Zip Code	
		adriana@autocarfinancial.c		
		E-mail address: (to be used for future annual report noti	dication)
for further infor	mation c	oncerning this matter, please ca	all:	
Oscar Robins				
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a che	eck for th	ne fołlowing amount:		
■ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
				;
		ING ADDRESS: ation Section		
	Divisio	n of Corporations	Division of Corpo	
		ox 6327 issee, FL 32314		enter Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it n (A Florida Limited Liability C	ow appears on our records. Company))
The Articles of Organization for this Limited I Clorida document number £13000151021	Liability Company were fil	ed on 10/25/2013	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability con	npany here:	
he new name must be distinguishable and contain the	words "Limited Liability Comp	any," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		7
Principal office address MUST BE A STRE	ET ADDRESS)		·
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		
3. If amending the registered agent and registered agent and/or the new registered of		dress on our records,	enter the name of the
Name of New Registered Agent:	Diego Strauss		Service -
New Registered Office Address:	4970 SW 52nd Street #3	303	
		Enter Florida street address	7
	Davie	Floi	
	City		Zip Code

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

Autocar Financial LLC

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, <u>enter the title, name, and address of each person—being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Diego Strauss	4970 SW 52nd Street	■ Add
		Suite 303	□ Remove
		Davie, FL 33314	Change
			Add
			Remove
			Change
			D Add
			□ Remove
			☐ Change
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<u>ite:</u> If	the date inserted in	this block does not i	meet the app	licable statuto	y filing requiren	nents, this da	te will not	be listed a
cumen	t's effective date on	the Department of !	State's recor	ds.				
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Typed or printed name of signee

Filing Fee: \$25.00