

L13000 156 368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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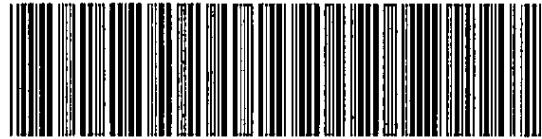
(Business Entity Name)

(Document Number)

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R. WHITE

SEP 13 2019

2019 SEP -5 PM 3:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA CONSUMER OFF LEASE AUTO BROKERS LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARET EARLE JUDD

Name of Person

FLORIDA CONSUMER OFF LEASE AUTO BROKER

Firm/Company

1041 US 42 BYPASS S

Address

VENICE FL 34285

City/State and Zip Code

FLORIDAAUTOS@COMCAST.NET

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

For further information concerning this matter, please call:

MARGARET EARLE JUDD

941 284-9617
at ()

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FLORIDA CONSUMER OFF LEASE AUTO BROKERS LLC

2019 SEP -5 PM 3:27

(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 11/5/13 and assigned
Florida document number L13000156368.

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 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

[illegible]

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated Sept 3 2019

Signature of a member or authorized representative of a member

G JUSTIN JUDD.
Typed or printed name of signee